

# United States Bankruptcy Court

Western District of Pennsylvania

In re Brian S. Chandler  
Debtor

Case No. 10-26846-JAD

Chapter 13

## SUMMARY OF SCHEDULES

Indicate as to each schedule whether that schedule is attached and state the number of pages in each. Report the totals from Schedules A, B, D, E, F, I, and J in the boxes provided. Add the amounts from Schedules A and B to determine the total amount of the debtor's assets. Add the amounts of all claims from Schedules D, E, and F to determine the total amount of the debtor's liabilities. Individual debtors also must complete the "Statistical Summary of Certain Liabilities and Related Data" if they file a case under chapter 7, 11, or 13.

| NAME OF SCHEDULE  | ATTACHED<br>(YES/NO) | NO. OF SHEETS | ASSETS        | LIABILITIES  | OTHER       |
|---|----------------------|---------------|---------------|--------------|-------------|
| A - Real Property   | yes                  | 1             | \$ 80,000.00  |              |             |
| B - Personal Property   | yes                  | 3             | \$ 43,360.00  |              |             |
| C - Property Claimed<br>as Exempt   | yes                  | 1             |               |              |             |
| D - Creditors Holding<br>Secured Claims   | yes                  | 1             |               | \$ 59,122.00 |             |
| E - Creditors Holding Unsecured<br>Priority Claims<br>(Total of Claims on Schedule E) | yes                  | 3             |               | \$ 750.00    |             |
| F - Creditors Holding Unsecured<br>Nonpriority Claims                                 | yes                  | 6             |               | \$ 32,360.21 |             |
| G - Executory Contracts and<br>Unexpired Leases                                       | yes                  | 1             |               |              |             |
| H - Codebtors   | yes                  | 1             |               |              |             |
| I - Current Income of<br>Individual Debtor(s)   | yes                  | 1             |               |              | \$ 4,010.00 |
| J - Current Expenditures of Individual<br>Debtors(s)                                  | yes                  | 1             |               |              | \$ 2,583.00 |
| TOTAL   |                      | 19            | \$ 123,360.00 | \$ 92,232.21 |             |

# United States Bankruptcy Court

Western District of Pennsylvania

In re Brian S. Chandler  
Debtor

Case No. 10-26846-JAD

Chapter 13

## STATISTICAL SUMMARY OF CERTAIN LIABILITIES AND RELATED DATA (28 U.S.C. § 159)

If you are an individual debtor whose debts are primarily consumer debts, as defined in § 101(8) of the Bankruptcy Code (11 U.S.C. § 101(8)), filing a case under chapter 7, 11 or 13, you must report all information requested below.

☐ Check this box if you are an individual debtor whose debts are NOT primarily consumer debts. You are not required to report any information here.

**This information is for statistical purposes only under 28 U.S.C. § 159.**

**Summarize the following types of liabilities, as reported in the Schedules, and total them.**

| Type of Liability   | Amount           |
|---|------------------|
| Domestic Support Obligations (from Schedule E)  | \$ 0.00          |
| Taxes and Certain Other Debts Owed to Governmental Units (from Schedule E)  | \$ 750.00        |
| Claims for Death or Personal Injury While Debtor Was Intoxicated (from Schedule E) (whether disputed or undisputed) | \$ 0.00          |
| Student Loan Obligations (from Schedule F)  | \$ 0.00          |
| Domestic Support, Separation Agreement, and Divorce Decree Obligations Not Reported on Schedule E                   | \$ 0.00          |
| Obligations to Pension or Profit-Sharing, and Other Similar Obligations (from Schedule F)                           | \$ 0.00          |
| <b>TOTAL</b>  | <b>\$ 750.00</b> |

### State the following:

|  |             |
|--|-------------|
| Average Income (from Schedule I, Line 16)  | \$ 4,010.00 |
| Average Expenses (from Schedule J, Line 18)  | \$ 2,583.00 |
| Current Monthly Income (from Form 22A Line 12; OR, Form 22B Line 11; OR, Form 22C Line 20) | \$ 3,000.00 |

### State the following:

|  |              |
|--|--------------|
| 1. Total from Schedule D, "UNSECURED PORTION, IF ANY" column               | \$ 0.00      |
| 2. Total from Schedule E, "AMOUNT ENTITLED TO PRIORITY" column.            | \$ 750.00    |
| 3. Total from Schedule E, "AMOUNT NOT ENTITLED TO PRIORITY, IF ANY" column | \$ 0.00      |
| 4. Total from Schedule F   | \$ 32,360.21 |
| 5. Total of non-priority unsecured debt (sum of 1, 3, and 4)               | \$ 32,360.21 |

In re Brian S. Chandler  
DebtorCase No. 10-26846  
(If known)**SCHEDULE A - REAL PROPERTY**

Except as directed below, list all real property in which the debtor has any legal, equitable, or future interest, including all property owned as a co-tenant, community property, or in which the debtor has a life estate. Include any property in which the debtor holds rights and powers exercisable for the debtor's own benefit. If the debtor is married, state whether the husband, wife, both, or the marital community own the property by placing an "H," "W," "J," or "C" in the column labeled "Husband, Wife, Joint, or Community." If the debtor holds no interest in real property, write "None" under "Description and Location of Property."

Do not include interests in executory contracts and unexpired leases on this schedule. List them in Schedule G - Executory Contracts and Unexpired Leases.

If an entity claims to have a lien or hold a secured interest in any property, state the amount of the secured claim. See Schedule D. If no entity claims to hold a secured interest in the property, write "None" in the column labeled "Amount of Secured Claim."

If the debtor is an individual or if a joint petition is filed, state the amount of any exemption claimed in the property only in Schedule C - Property Claimed as Exempt.

| DESCRIPTION AND LOCATION OF PROPERTY    | NATURE OF DEBTOR'S INTEREST IN PROPERTY | HUSBAND, WIFE, JOINT, OR COMMUNITY | CURRENT VALUE OF DEBTOR'S INTEREST IN PROPERTY, WITHOUT DEDUCTING ANY SECURED CLAIM OR EXEMPTION | AMOUNT OF SECURED CLAIM |
|---|---|------------------------------------|--|-------------------------|
| 419 31st Street<br>McKeesport, PA 15135 | fee simple                              | H                                  | 80,000.00  | 55,000.00               |

Total ➤

80,000.00

(Report also on Summary of Schedules.)

In re Brian S. Chandler  
DebtorCase No. 10-26846-JAD  
(If known)**SCHEDULE B - PERSONAL PROPERTY**

Except as directed below, list all personal property of the debtor of whatever kind. If the debtor has no property in one or more of the categories, place an "x" in the appropriate position in the column labeled "None." If additional space is needed in any category, attach a separate sheet properly identified with the case name, case number, and the number of the category. If the debtor is married, state whether the husband, wife, both, or the marital community own the property by placing an "H," "W," "J," or "C" in the column labeled "Husband, Wife, Joint, or Community." If the debtor is an individual or a joint petition is filed, state the amount of any exemptions claimed only in Schedule C - Property Claimed as Exempt.

**Do not list interests in executory contracts and unexpired leases on this schedule. List them in Schedule G - Executory Contracts and Unexpired Leases.**

If the property is being held for the debtor by someone else, state that person's name and address under "Description and Location of Property." If the property is being held for a minor child, simply state the child's initials and the name and address of the child's parent or guardian, such as "A.B., a minor child, by John Doe, guardian." Do not disclose the child's name. See, 11 U.S.C. §112 and Fed. R. Bankr. P. 1007(m).

| TYPE OF PROPERTY  | N<br>O<br>N<br>E | DESCRIPTION AND LOCATION<br>OF PROPERTY  | HUSBAND, WIFE,<br>JOINT,<br>OR COMMUNITY | CURRENT VALUE OF<br>DEBTOR'S INTEREST<br>IN PROPERTY, WITH-<br>OUT DEDUCTING ANY<br>SECURED CLAIM<br>OR EXEMPTION |
|---|------------------|--|--|---|
| 1. Cash on hand.  | X                |  |  |   |
| 2. Checking, savings or other financial accounts, certificates of deposit or shares in banks, savings and loan, thrift, building and loan, and home-<br>stead associations, or credit unions,<br>brokerage houses, or cooperatives.               | X                |  |  |   |
| 3. Security deposits with public utilities, telephone companies, landlords, and others.   | X                |  |  |   |
| 4. Household goods and furnishings, including audio, video, and computer equipment.   |                  | Living room, dining room, family room bedroom<br>furniture, tv set, dvd player | J  | 1,825.00  |
| 5. Books; pictures and other art objects; antiques; stamp, coin, record, tape, compact disc, and other collections or collectibles.   |                  | cd collection  | J  | 35.00   |
| 6. Wearing apparel.   |                  | wearing apparel  | H  | 500.00  |
| 7. Furs and jewelry.  | X                |  |  |   |
| 8. Firearms and sports, photographic, and other hobby equipment.  | X                |  |  |   |
| 9. Interests in insurance policies. Name insurance company of each policy and itemize surrender or refund value of each.  | X                |  |  |   |
| 10. Annuities. Itemize and name each issuer.  | X                |  |  |   |
| 11. Interests in an education IRA as defined in 26 U.S.C. § 530(b)(1) or under a qualified State tuition plan as defined in 26 U.S.C. § 529(b)(1). Give particulars. (File separately the record(s) of any such interest(s). 11 U.S.C. § 521(c).) | X                |  |  |   |



In re Brian S. Chandler  
DebtorCase No. 10-26846-JAD  
(If known)**SCHEDULE B - PERSONAL PROPERTY**  
(Continuation Sheet)

| TYPE OF PROPERTY   | N<br>O<br>N<br>E | DESCRIPTION AND LOCATION<br>OF PROPERTY | HUSBAND, WIFE, JOINT,<br>OR COMMUNITY | CURRENT VALUE OF<br>DEBTOR'S INTEREST<br>IN PROPERTY, WITH-<br>OUT DEDUCTING ANY<br>SECURED CLAIM<br>OR EXEMPTION |
|--|------------------|---|---------------------------------------|---|
| 12. Interests in IRA, ERISA, Keogh, or other pension or profit sharing plans. Give particulars.  | X                |   |                                       |   |
| 13. Stock and interests in incorporated and unincorporated businesses. Itemize.  | X                |   |                                       |   |
| 14. Interests in partnerships or joint ventures. Itemize.  | X                |   |                                       |   |
| 15. Government and corporate bonds and other negotiable and non-negotiable instruments.  | X                |   |                                       |   |
| 16. Accounts receivable.   |                  | \$1,000.00                              |                                       | 1,000.00  |
| 17. Alimony, maintenance, support, and property settlements to which the debtor is or may be entitled. Give particulars.   | X                |   |                                       |   |
| 18. Other liquidated debts owed to debtor including tax refunds. Give particulars.   | X                |   |                                       |   |
| 19. Equitable or future interests, life estates, and rights or powers exercisable for the benefit of the debtor other than those listed in Schedule A -- Real Property.      | X                |   |                                       |   |
| 20. Contingent and noncontingent interests in estate of a decedent, death benefit plan, life insurance policy, or trust.   | X                |   |                                       |   |
| 21. Other contingent and unliquidated claims of every nature, including tax refunds, counterclaims of the debtor, and rights to setoff claims. Give estimated value of each. | X                |   |                                       |   |

In re Brian S. Chandler  
DebtorCase No. 10-26846-JAD  
(If known)**SCHEDULE B - PERSONAL PROPERTY**

(Continuation Sheet)

| TYPE OF PROPERTY  | N<br>O<br>N<br>E | DESCRIPTION AND LOCATION<br>OF PROPERTY | HUSBAND, WIFE, JOINT,<br>OR COMMUNITY | CURRENT VALUE OF<br>DEBTOR'S INTEREST<br>IN PROPERTY, WITH-<br>OUT DEDUCTING ANY<br>SECURED CLAIM<br>OR EXEMPTION |
|---|------------------|---|---------------------------------------|---|
| 22. Patents, copyrights, and other intellectual property. Give particulars.   | X                |   |                                       |   |
| 23. Licenses, franchises, and other general intangibles. Give particulars.  | X                |   |                                       |   |
| 24. Customer lists or other compilations containing personally identifiable information (as defined in 11 U.S.C. § 101(41A)) provided to the debtor by individuals in connection with obtaining a product or service from the debtor primarily for personal, family, or household purposes. | X                |   |                                       |   |
| 25. Automobiles, trucks, trailers, and other vehicles and accessories.  |                  |   |                                       |   |
| 26. Boats, motors, and accessories.   | X                |   |                                       |   |
| 27. Aircraft and accessories.   | X                |   |                                       |   |
| 28. Office equipment, furnishings, and supplies.  | X                |   |                                       |   |
| 29. Machinery, fixtures, equipment, and supplies used in business.  |                  | shop equipment and tools                |                                       | 40,000.00   |
| 30. Inventory.  | x                |   |                                       |   |
| 31. Animals.  | x                | 2 dogs and 2 cats                       | J                                     | 0.00  |
| 32. Crops - growing or harvested. Give particulars.   | x                |   |                                       |   |
| 33. Farming equipment and implements.   | x                |   |                                       |   |
| 34. Farm supplies, chemicals, and feed.   | x                |   |                                       |   |
| 35. Other personal property of any kind not already listed. Itemize.  | x                |   |                                       |   |
| 0 continuation sheets attached Total▶   |                  |   |                                       | \$ 43,360.00  |

(Include amounts from any continuation  
sheets attached. Report total also on  
Summary of Schedules.)

In re Brian S. Chandler  
DebtorCase No. 10-26846-JAD  
(If known)**SCHEDULE C - PROPERTY CLAIMED AS EXEMPT**Debtor claims the exemptions to which debtor is entitled under:  
(Check one box)☒ 11 U.S.C. § 522(b)(2)☐ 11 U.S.C. § 522(b)(3)☐ Check if debtor claims a homestead exemption that exceeds \$146,450.\*

| DESCRIPTION OF PROPERTY                | SPECIFY LAW PROVIDING EACH EXEMPTION | VALUE OF CLAIMED EXEMPTION | CURRENT VALUE OF PROPERTY WITHOUT DEDUCTING EXEMPTION |
|--|--------------------------------------|----------------------------|---|
| 419 31st Street<br>McKeesport, PA      | 522(d)(1)                            | 20,200.00                  | 80,000.00   |
| wearing apparel                        | 522(d)(3)                            | 500.00                     | 500.00  |
| household furniture, tv, dvd<br>player | 522(d)(3)                            | 1,825.00                   | 1,825.00  |
| cd collection                          | 522(d)(3)                            | 35.00                      | 35.00   |
| tools and equipment                    | 522(d)(5) and (6)                    | 3,100.00                   | 40,000.00   |

\* Amount subject to adjustment on 4/1/13, and every three years thereafter with respect to cases commenced on or after the date of adjustment.

In re Brian S. Chandler

Debtor

Case No. 10-26846-JAD

(If known)

**SCHEDULE D - CREDITORS HOLDING SECURED CLAIMS**

State the name, mailing address, including zip code, and last four digits of any account number of all entities holding claims secured by property of the debtor as of the date of filing of the petition. The complete account number of any account the debtor has with the creditor is useful to the trustee and the creditor and may be provided if the debtor chooses to do so. List creditors holding all types of secured interests such as judgment liens, garnishments, statutory liens, mortgages, deeds of trust, and other security interests.

List creditors in alphabetical order to the extent practicable. If a minor child is the creditor, state the child's initials and the name and address of the child's parent or guardian, such as "A.B., a minor child, by John Doe, guardian." Do not disclose the child's name. See, 11 U.S.C. §112 and Fed. R. Bankr. P. 1007(m). If all secured creditors will not fit on this page, use the continuation sheet provided.

If any entity other than a spouse in a joint case may be jointly liable on a claim, place an "X" in the column labeled "Codebtor," include the entity on the appropriate schedule of creditors, and complete Schedule H – Codebtors. If a joint petition is filed, state whether the husband, wife, both of them, or the marital community may be liable on each claim by placing an "H," "W," "J," or "C" in the column labeled "Husband, Wife, Joint, or Community."

If the claim is contingent, place an "X" in the column labeled "Contingent." If the claim is unliquidated, place an "X" in the column labeled "Unliquidated." If the claim is disputed, place an "X" in the column labeled "Disputed." (You may need to place an "X" in more than one of these three columns.)

Total the columns labeled "Amount of Claim Without Deducting Value of Collateral" and "Unsecured Portion, if Any" in the boxes labeled "Total(s)" on the last sheet of the completed schedule. Report the total from the column labeled "Amount of Claim Without Deducting Value of Collateral" also on the Summary of Schedules and, if the debtor is an individual with primarily consumer debts, report the total from the column labeled "Unsecured Portion, if Any" on the Statistical Summary of Certain Liabilities and Related Data.



Check this box if debtor has no creditors holding secured claims to report on this Schedule D.

| CREDITOR'S NAME AND MAILING ADDRESS INCLUDING ZIP CODE AND AN ACCOUNT NUMBER<br>(See Instructions Above.) | CODEBTOR<br>HUSBAND, WIFE,<br>JOINT, OR<br>COMMUNITY | DATE CLAIM WAS INCURRED,<br>NATURE OF LIEN, AND<br>DESCRIPTION AND VALUE OF PROPERTY<br>SUBJECT TO LIEN | CONTINGENT | UNLIQUIDATED | DISPUTED | AMOUNT OF CLAIM WITHOUT DEDUCTING VALUE OF COLLATERAL | UNSECURED PORTION, IF ANY |
|---|--|---|------------|--------------|----------|---|---------------------------|
| ACCOUNT NO. xxxxxx4090<br>Nationstar Mortgage<br>350 Highland Drive<br>Lewisville, TX 75067               | H  | 7/15/2008<br>home mortgage<br>419 31st St.<br>McKeesport, PA<br>VALUE \$ 80,000.00                      |            |              |          | 55,000.00   | 0.00                      |
| ACCOUNT NO.<br>Jhon Beckinger<br>735 Delaware Avenue<br>Glassport, PA 15045                               | H  | 08/13/2010<br>Judgment Lien<br>levy on personal property<br>VALUE \$ 120,000.00                         |            |              | X        | 4,122.00  | 0.00                      |
| ACCOUNT NO.<br>   |  | VALUE \$  |            |              |          |   |                           |
| 0 continuation sheets attached  |  |   |            |              |          | \$ 59,122.00  | \$ 0.00                   |
| Subtotal ►<br>(Total of this page)  |  |   |            |              |          | \$ 59,122.00  | \$ 0.00                   |
| Total ►<br>(Use only on last page)  |  |   |            |              |          | \$ 59,122.00  | \$ 0.00                   |

(Report also on Summary of Schedules.)

(If applicable, report also on Statistical Summary of Certain Liabilities and Related Data.)

In re Brian S. Chandler,  
Debtor

Case No. 10-26846-JAD  
(if known)

## SCHEDULE E - CREDITORS HOLDING UNSECURED PRIORITY CLAIMS

A complete list of claims entitled to priority, listed separately by type of priority, is to be set forth on the sheets provided. Only holders of unsecured claims entitled to priority should be listed in this schedule. In the boxes provided on the attached sheets, state the name, mailing address, including zip code, and last four digits of the account number, if any, of all entities holding priority claims against the debtor or the property of the debtor, as of the date of the filing of the petition. Use a separate continuation sheet for each type of priority and label each with the type of priority.

The complete account number of any account the debtor has with the creditor is useful to the trustee and the creditor and may be provided if the debtor chooses to do so. If a minor child is a creditor, state the child's initials and the name and address of the child's parent or guardian, such as "A.B., a minor child, by John Doe, guardian." Do not disclose the child's name. See, 11 U.S.C. §112 and Fed. R. Bankr. P. 1007(m).

If any entity other than a spouse in a joint case may be jointly liable on a claim, place an "X" in the column labeled "Codebtor," include the entity on the appropriate schedule of creditors, and complete Schedule H-Codebtors. If a joint petition is filed, state whether the husband, wife, both of them, or the marital community may be liable on each claim by placing an "H," "W," "J," or "C" in the column labeled "Husband, Wife, Joint, or Community." If the claim is contingent, place an "X" in the column labeled "Contingent." If the claim is unliquidated, place an "X" in the column labeled "Unliquidated." If the claim is disputed, place an "X" in the column labeled "Disputed." (You may need to place an "X" in more than one of these three columns.)

Report the total of claims listed on each sheet in the box labeled "Subtotals" on each sheet. Report the total of all claims listed on this Schedule E in the box labeled "Total" on the last sheet of the completed schedule. Report this total also on the Summary of Schedules.

Report the total of amounts entitled to priority listed on each sheet in the box labeled "Subtotals" on each sheet. Report the total of all amounts entitled to priority listed on this Schedule E in the box labeled "Totals" on the last sheet of the completed schedule. Individual debtors with primarily consumer debts report this total also on the Statistical Summary of Certain Liabilities and Related Data.

Report the total of amounts not entitled to priority listed on each sheet in the box labeled "Subtotals" on each sheet. Report the total of all amounts not entitled to priority listed on this Schedule E in the box labeled "Totals" on the last sheet of the completed schedule. Individual debtors with primarily consumer debts report this total also on the Statistical Summary of Certain Liabilities and Related Data.

☐ Check this box if debtor has no creditors holding unsecured priority claims to report on this Schedule E.

TYPES OF PRIORITY CLAIMS (Check the appropriate box(es) below if claims in that category are listed on the attached sheets.)

☐ **Domestic Support Obligations**

Claims for domestic support that are owed to or recoverable by a spouse, former spouse, or child of the debtor, or the parent, legal guardian, or responsible relative of such a child, or a governmental unit to whom such a domestic support claim has been assigned to the extent provided in 11 U.S.C. § 507(a)(1).

☐ **Extensions of credit in an involuntary case**

Claims arising in the ordinary course of the debtor's business or financial affairs after the commencement of the case but before the earlier of the appointment of a trustee or the order for relief. 11 U.S.C. § 507(a)(3).

☐ **Wages, salaries, and commissions**

Wages, salaries, and commissions, including vacation, severance, and sick leave pay owing to employees and commissions owing to qualifying independent sales representatives up to \$11,725\* per person earned within 180 days immediately preceding the filing of the original petition, or the cessation of business, whichever occurred first, to the extent provided in 11 U.S.C. § 507(a)(4).

☐ **Contributions to employee benefit plans**

Money owed to employee benefit plans for services rendered within 180 days immediately preceding the filing of the original petition, or the cessation of business, whichever occurred first, to the extent provided in 11 U.S.C. § 507(a)(5).

\* Amount subject to adjustment on 4/01/13, and every three years thereafter with respect to cases commenced on or after the date of adjustment.

In re Brian S. Chandler,  
Debtor

Case No. 10-26846-JAD  
(if known)

☐ **Certain farmers and fishermen**

Claims of certain farmers and fishermen, up to \$5,775\* per farmer or fisherman, against the debtor, as provided in 11 U.S.C. § 507(a)(6).

☐ **Deposits by individuals**

Claims of individuals up to \$2,600\* for deposits for the purchase, lease, or rental of property or services for personal, family, or household use, that were not delivered or provided. 11 U.S.C. § 507(a)(7).

☒ **Taxes and Certain Other Debts Owed to Governmental Units**

Taxes, customs duties, and penalties owing to federal, state, and local governmental units as set forth in 11 U.S.C. § 507(a)(8).

☐ **Commitments to Maintain the Capital of an Insured Depository Institution**

Claims based on commitments to the FDIC, RTC, Director of the Office of Thrift Supervision, Comptroller of the Currency, or Board of Governors of the Federal Reserve System, or their predecessors or successors, to maintain the capital of an insured depository institution. 11 U.S.C. § 507 (a)(9).

☐ **Claims for Death or Personal Injury While Debtor Was Intoxicated**

Claims for death or personal injury resulting from the operation of a motor vehicle or vessel while the debtor was intoxicated from using alcohol, a drug, or another substance. 11 U.S.C. § 507(a)(10).

*\* Amounts are subject to adjustment on 4/01/13, and every three years thereafter with respect to cases commenced on or after the date of adjustment.*

In re Brian S. Chandler  
DebtorCase No. 10-26846-JAD  
(if known)**SCHEDULE E - CREDITORS HOLDING UNSECURED PRIORITY CLAIMS**  
(Continuation Sheet)

Type of Priority for Claims Listed on This Sheet

| CREDITOR'S NAME,<br>MAILING ADDRESS<br>INCLUDING ZIP CODE,<br>AND ACCOUNT NUMBER<br>(See instructions above.)   | CODEBTOR | HUSBAND, WIFE,<br>JOINT, OR<br>COMMUNITY | DATE CLAIM WAS<br>INCURRED AND<br>CONSIDERATION<br>FOR CLAIM | CONTINGENT | UNLIQUIDATED | DISPUTED | AMOUNT<br>OF<br>CLAIM               | AMOUNT<br>ENTITLED<br>TO<br>PRIORITY | AMOUNT<br>NOT<br>ENTITLED<br>TO<br>PRIORITY, IF<br>ANY |      |
|---|----------|--|--|------------|--------------|----------|-------------------------------------|--------------------------------------|--|------|
| Account No.   |          |  | Sales Tax  |            |              |          |                                     |                                      |  |      |
| Pa. Dept. of Revenue<br>PO BOX 280905<br>Harrisburg, PA<br>17128-0905   |          | H  |  |            |              |          | 750.00                              | 750.00                               | 0.00   |      |
| Account No.   |          |  |  |            |              |          |                                     |                                      |  |      |
|   |          |  |  |            |              |          |                                     |                                      |  |      |
| Account No.   |          |  |  |            |              |          |                                     |                                      |  |      |
|   |          |  |  |            |              |          |                                     |                                      |  |      |
| Account No.   |          |  |  |            |              |          |                                     |                                      |  |      |
|   |          |  |  |            |              |          |                                     |                                      |  |      |
| Sheet no. <u>1</u> of <u>1</u> continuation sheets attached to Schedule<br>of Creditors Holding Priority Claims   |          |  |  |            |              |          | Subtotals▶<br>(Totals of this page) | \$ 750.00                            | \$ 750.00  | 0.00 |
| Total▶<br>(Use only on last page of the completed<br>Schedule E. Report also on the Summary<br>of Schedules.)   |          |  |  |            |              |          | \$ 750.00                           |                                      |  |      |
| Totals▶<br>(Use only on last page of the completed<br>Schedule E. If applicable, report also on<br>the Statistical Summary of Certain<br>Liabilities and Related Data.) |          |  |  |            |              |          |                                     | \$ 750.00                            | \$ 750.00  |      |

In re Brian S. Chandler  
DebtorCase No. 10-26846-JAD  
(if known)**SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS**

State the name, mailing address, including zip code, and last four digits of any account number, of all entities holding unsecured claims without priority against the debtor or the property of the debtor, as of the date of filing of the petition. The complete account number of any account the debtor has with the creditor is useful to the trustee and the creditor and may be provided if the debtor chooses to do so. If a minor child is a creditor, state the child's initials and the name and address of the child's parent or guardian, such as "A.B., a minor child, by John Doe, guardian." Do not disclose the child's name. See, 11 U.S.C. §112 and Fed. R. Bankr. P. 1007(m). Do not include claims listed in Schedules D and E. If all creditors will not fit on this page, use the continuation sheet provided.

If any entity other than a spouse in a joint case may be jointly liable on a claim, place an "X" in the column labeled "Codebtor," include the entity on the appropriate schedule of creditors, and complete Schedule H - Codebtors. If a joint petition is filed, state whether the husband, wife, both of them, or the marital community may be liable on each claim by placing an "H," "W," "J," or "C" in the column labeled "Husband, Wife, Joint, or Community."

If the claim is contingent, place an "X" in the column labeled "Contingent." If the claim is unliquidated, place an "X" in the column labeled "Unliquidated." If the claim is disputed, place an "X" in the column labeled "Disputed." (You may need to place an "X" in more than one of these three columns.)

Report the total of all claims listed on this schedule in the box labeled "Total" on the last sheet of the completed schedule. Report this total also on the Summary of Schedules and, if the debtor is an individual with primarily consumer debts, report this total also on the Statistical Summary of Certain Liabilities and Related Data..

☐ Check this box if debtor has no creditors holding unsecured claims to report on this Schedule F.

| CREDITOR'S NAME,<br>MAILING ADDRESS<br>INCLUDING ZIP CODE,<br>AND ACCOUNT NUMBER<br><i>(See instructions above.)</i> | CODEBTOR | HUSBAND, WIFE,<br>JOINT, OR<br>COMMUNITY | DATE CLAIM WAS<br>INCURRED AND<br>CONSIDERATION FOR<br>CLAIM.<br>IF CLAIM IS SUBJECT TO<br>SETOFF, SO STATE. | CONTINGENT | UNLIQUIDATED | DISPUTED | AMOUNT OF<br>CLAIM |
|--|----------|--|--|------------|--------------|----------|--------------------|
| ACCOUNT NO.  |          |  |  |            |              |          |                    |
| Brandon King<br>2208 Hemlock Drive<br>White Oak, PA 15131  |          | H  | 8/25/2010<br>small court claim/breach of<br>warranty   |            |              | x        | 1,846.52           |
| ACCOUNT NO.  |          |  |  |            |              |          |                    |
| Stoney Hollow Tire<br>1st & Hanover, PO BOX 310<br>Martins Ferry, OH 43935   |          | H  | 6/1/10<br>civil judgment   |            |              |          | 1,582.02           |
| ACCOUNT NO.  |          |  |  |            |              |          |                    |
| Bob Massie Toyota Scion<br>1200 Long Run Road<br>McKeesport, PA 15131  |          | H  | 03/09/10<br>automotive repair/parts  |            |              |          | 139.75             |
| ACCOUNT NO.  |          |  |  |            |              |          |                    |
| Nelson's Transmission Svc.<br>2611 Walnut Street<br>McKeesport, PA 15132   |          | H  | 06/10/2010<br>transmission services  |            |              |          | 644.00             |
| Subtotal▶  |          |  |  |            |              |          | \$ 4,212.29        |
| Total▶   |          |  |  |            |              |          | \$                 |

(Use only on last page of the completed Schedule F.)  
(Report also on Summary of Schedules and, if applicable, on the Statistical Summary of Certain Liabilities and Related Data.)

5 continuation sheets attached



| CREDITOR'S NAME,<br>MAILING ADDRESS<br>INCLUDING ZIP CODE,<br>AND ACCOUNT NUMBER<br>(See instructions above.)                   | CODEBTOR | HUSBAND, WIFE,<br>JOINT, OR<br>COMMUNITY | DATE CLAIM WAS<br>INCURRED AND<br>CONSIDERATION FOR<br>CLAIM.<br>IF CLAIM IS SUBJECT TO<br>SETOFF, SO STATE. | CONTINGENT | UNLIQUIDATED | DISPUTED | AMOUNT OF<br>CLAIM        |
|---|----------|--|--|------------|--------------|----------|---------------------------|
| ACCOUNT NO. xxxxxxxx7881  |          |  |  |            |              |          |                           |
| Merchant Card Processing<br>PO Box 6600<br>Hagerstown, MD 21741-6600  |          | H  | 5/31/10<br>card processing fees  |            |              |          | 19.95                     |
| ACCOUNT NO. xxxxxxxxxx6249  |          |  |  |            |              |          |                           |
| Verizon<br>PO Box 15026<br>Albany, NY 12212-5026  |          | H  | 07/12/2010<br>cellular phone   |            |              |          | 1,235.23                  |
| ACCOUNT NO. 49178   |          |  |  |            |              |          |                           |
| EZ Garage Doors<br>3431 Fifth Avenue<br>North Versailles, PA 15137  |          | H  | 06/14/2010<br>Liftmaster operator/NSF<br>Fee   |            |              |          | 452.00                    |
| ACCOUNT NO.   |          |  |  |            |              |          |                           |
| Tri Star Ford McKeesport<br>4201 Walnut Street<br>McKeesport, PA 15132  |          | H  | 09/15/2010<br>past due balance   |            |              |          | 105.12                    |
| ACCOUNT NO. xxxxxx3525  |          |  |  |            |              |          |                           |
| Yellow Pages<br>PO Box 41308<br>Jacksonville, FL 32203-1308   |          | H  | 5/20/2010<br>advertising   |            |              |          | 244.00                    |
| Sheet no. <u>1</u> of <u>5</u> continuation sheets attached<br>to Schedule of Creditors Holding Unsecured<br>Nonpriority Claims |          |  |  |            |              |          | Subtotal ► \$<br>2,056.30 |
| Total ►   |          |  |  |            |              |          | \$                        |

(Use only on last page of the completed Schedule F.)  
(Report also on Summary of Schedules and, if applicable on the Statistical  
Summary of Certain Liabilities and Related Data.)

| CREDITOR'S NAME,<br>MAILING ADDRESS<br>INCLUDING ZIP CODE,<br>AND ACCOUNT NUMBER<br>(See instructions above.)                   | CODEBTOR | HUSBAND, WIFE,<br>JOINT, OR<br>COMMUNITY | DATE CLAIM WAS<br>INCURRED AND<br>CONSIDERATION FOR<br>CLAIM.<br>IF CLAIM IS SUBJECT TO<br>SETOFF, SO STATE. | CONTINGENT | UNLIQUIDATED | DISPUTED | AMOUNT OF<br>CLAIM |
|---|----------|--|--|------------|--------------|----------|--------------------|
| ACCOUNT NO. xxxxx6349   |          | H  | 5/31/2010<br>auto parts and NSF Fees   |            |              |          | 349.66             |
| Auto Plus McKeesport<br>4203 Walnut Street<br>McKeesport, PA 15132  |          |  |  |            |              |          |                    |
| ACCOUNT NO.   |          | H  | 8/30/2010<br>collection case   |            |              |          | 101.44             |
| Goggins & Lavintman, PA<br>PO BOX 21129<br>Eagan, MN 55121-0129   |          |  |  |            |              |          |                    |
| ACCOUNT NO. xxx0694   |          | H  | 5/31/2010<br>advertising   |            |              |          | 169.00             |
| J.S. Paluch Co, Inc<br>PO Box 2703<br>Schiller Park, IL 60176   |          |  |  |            |              |          |                    |
| ACCOUNT NO. xxxxxx6900  |          | H  | 6/9/10<br>auto parts   |            |              |          | 83.05              |
| Star Chevrolet Nissan Volvo<br>5200 State Route 30<br>Greensburg, PA 15601  |          |  |  |            |              |          |                    |
| ACCOUNT NO. xxxxxx8002  |          | J  | 8/27/2010<br>gas utility   |            |              |          | 2,464.98           |
| Duquesne Light<br>Payment Processing Center<br>Pittsburgh, PA 15267-0001  |          |  |  |            |              |          |                    |
| Sheet no. <u>2</u> of <u>5</u> continuation sheets attached<br>to Schedule of Creditors Holding Unsecured<br>Nonpriority Claims |          |  |  |            |              |          | Subtotal▶ \$       |
|   |          |  |  |            |              |          | Total▶ \$          |

(Use only on last page of the completed Schedule F.)  
(Report also on Summary of Schedules and, if applicable on the Statistical  
Summary of Certain Liabilities and Related Data.)

| CREDITOR'S NAME,<br>MAILING ADDRESS<br>INCLUDING ZIP CODE,<br>AND ACCOUNT NUMBER<br>(See instructions above.)   | CODEBTOR | HUSBAND, WIFE,<br>JOINT, OR<br>COMMUNITY | DATE CLAIM WAS<br>INCURRED AND<br>CONSIDERATION FOR<br>CLAIM.<br>IF CLAIM IS SUBJECT TO<br>SETOFF, SO STATE. | CONTINGENT | UNLIQUIDATED | DISPUTED | AMOUNT OF<br>CLAIM        |
|---|----------|--|--|------------|--------------|----------|---------------------------|
| ACCOUNT NO. xxxxx8750   |          | H  | 9/18/2010<br>water bill  |            |              |          | 254.05                    |
| Municipal Authority<br>PO Box 800<br>Greensburg, PA 15601   |          |  |  |            |              |          |                           |
| ACCOUNT NO. xxxxx4362   |          | H  | 06/23/2010<br>general account  |            |              |          | 14.45                     |
| Baierl Acura<br>10785 Perry Highway<br>Wexford, PA 15090  |          |  |  |            |              |          |                           |
| ACCOUNT NO. streah  |          | H  | 06/27/2010<br>ALLDATA Repair and<br>Manage Series  |            |              |          | 425.86                    |
| ALLDATA<br>9650 W. Taron Drive<br>Elk Grove, CA 95757   |          |  |  |            |              |          |                           |
| ACCOUNT NO. xxxxxx9324  |          | H  | 06/02/10<br>cooler rent and late charge  |            |              |          | 322.69                    |
| Crystal Springs<br>PO Box 660579<br>Dallas, TX 75266-0579   |          |  |  |            |              |          |                           |
| ACCOUNT NO. xxxxxx7000  |          | H  | 06/04/2010<br>lease payment  |            |              |          | 49.76                     |
| First Data Global Leasing<br>PO Box 173845<br>Denver, CO 80217  |          |  |  |            |              |          |                           |
| Sheet no. <u>3</u> of <u>5</u> continuation sheets attached<br>to Schedule of Creditors Holding Unsecured<br>Nonpriority Claims   |          |  |  |            |              |          | Subtotal ► \$<br>1,066.81 |
| (Use only on last page of the completed Schedule F.)<br>(Report also on Summary of Schedules and, if applicable on the Statistical<br>Summary of Certain Liabilities and Related Data.) |          |  |  |            |              |          | Total ► \$                |

**\$**

In re Brian S. Chandler  
DebtorCase No. 10-26846-JAD  
(if known)**SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS**  
(Continuation Sheet)

| CREDITOR'S NAME,<br>MAILING ADDRESS<br>INCLUDING ZIP CODE,<br>AND ACCOUNT NUMBER<br>(See instructions above.)   | CODEBTOR | HUSBAND, WIFE,<br>JOINT, OR<br>COMMUNITY | DATE CLAIM WAS<br>INCURRED AND<br>CONSIDERATION FOR<br>CLAIM.<br>IF CLAIM IS SUBJECT TO<br>SETOFF, SO STATE. | CONTINGENT | UNLIQUIDATED | DISPUTED | AMOUNT OF<br>CLAIM    |
|---|----------|--|--|------------|--------------|----------|-----------------------|
| ACCOUNT NO.   |          |  | collection   |            |              |          |                       |
| Flynn's Tire<br>12551 Lincoln Highway W.<br>Irwin, PA 15642   |          | H  |  |            |              |          | 451.68                |
| ACCOUNT NO.   |          |  | business claim   |            |              |          |                       |
| Fortunato Perri<br>709 McIntosh Drive<br>McKeesport, PA 15132-7436  |          | H  |  |            |              |          | 1,200.00              |
| ACCOUNT NO.   |          |  | business claim   |            |              |          |                       |
| Kenneth Zubaty<br>100 Four Seasons Lane<br>Irwin, PA 15642-9491   |          | H  |  |            |              |          | 400.00                |
| ACCOUNT NO.   |          |  | personal loan  |            |              |          |                       |
| Tammy Boyd<br>2519 Highland Avenue<br>McKeesport, PA 15132  |          | J  |  |            |              |          | 5,500.00              |
| ACCOUNT NO.   |          |  | personal loan  |            |              |          |                       |
| Errol Rodriguez<br>415 Eden Park Blvd.<br>McKeesport, PA 15132  |          | H  |  |            |              |          | 1,000.00              |
| Sheet no. <u>5</u> of <u>5</u> continuation sheets attached<br>to Schedule of Creditors Holding Unsecured<br>Nonpriority Claims   |          |  |  |            |              |          | Subtotal▶ \$ 8,551.68 |
| (Use only on last page of the completed Schedule F.)<br>(Report also on Summary of Schedules and, if applicable on the Statistical<br>Summary of Certain Liabilities and Related Data.) |          |  |  |            |              |          | Total▶ \$ 32,360.21   |

In re Brian S. Chandler,  
Debtor

Case No. 10-26846-JAD  
(if known)

## SCHEDULE G - EXECUTORY CONTRACTS AND UNEXPIRED LEASES

Describe all executory contracts of any nature and all unexpired leases of real or personal property. Include any timeshare interests. State nature of debtor's interest in contract, i.e., "Purchaser," "Agent," etc. State whether debtor is the lessor or lessee of a lease. Provide the names and complete mailing addresses of all other parties to each lease or contract described. If a minor child is a party to one of the leases or contracts, state the child's initials and the name and address of the child's parent or guardian, such as "A.B., a minor child, by John Doe, guardian." Do not disclose the child's name. See, 11 U.S.C. §112 and Fed. R. Bankr. P. 1007(m).

☐ Check this box if debtor has no executory contracts or unexpired leases.

| NAME AND MAILING ADDRESS,<br>INCLUDING ZIP CODE,<br>OF OTHER PARTIES TO LEASE OR CONTRACT. | DESCRIPTION OF CONTRACT OR LEASE AND<br>NATURE OF DEBTOR'S INTEREST. STATE<br>WHETHER LEASE IS FOR NONRESIDENTIAL<br>REAL PROPERTY. STATE CONTRACT<br>NUMBER OF ANY GOVERNMENT CONTRACT. |
|--|--|
| Wislon Baum Real Estate<br>314 Long Run Road<br>McKeesport, PA 15132                       | lease of business premises at 705 Long Run Road  |
| Crystal Springs<br>PO Box 660579<br>Dallas, TX 75266-0579                                  | lease of water cooler  |
| First Data Global Leasing<br>PO Box 173845<br>Denver, CO 80217                             | lease of credit card machine   |
|  |  |
|  |  |
|  |  |

In re Brian S. Chandler,  
DebtorCase No. 10-26846-JAD  
(if known)**SCHEDULE H - CODEBTORS**

Provide the information requested concerning any person or entity, other than a spouse in a joint case, that is also liable on any debts listed by the debtor in the schedules of creditors. Include all guarantors and co-signers. If the debtor resides or resided in a community property state, commonwealth, or territory (including Alaska, Arizona, California, Idaho, Louisiana, Nevada, New Mexico, Puerto Rico, Texas, Washington, or Wisconsin) within the eight-year period immediately preceding the commencement of the case, identify the name of the debtor's spouse and of any former spouse who resides or resided with the debtor in the community property state, commonwealth, or territory. Include all names used by the nondebtor spouse during the eight years immediately preceding the commencement of this case. If a minor child is a codebtor or a creditor, state the child's initials and the name and address of the child's parent or guardian, such as "A.B., a minor child, by John Doe, guardian." Do not disclose the child's name. See, 11 U.S.C. §112 and Fed. R. Bankr. P. 1007(m).

☐ Check this box if debtor has no codebtors.

| NAME AND ADDRESS OF CODEBTOR                                | NAME AND ADDRESS OF CREDITOR  |
|---|---|
| Tiffany Chandler<br>419 31st Street<br>McKeesport, PA 15132 | Duquesne Light<br>Payment Processing Center<br>Pittsburgh, PA 1527-0001 |

In re Brian S. Chandler,  
DebtorCase No. 10-26846-JAD  
(if known)**SCHEDULE I - CURRENT INCOME OF INDIVIDUAL DEBTOR(S)**

The column labeled "Spouse" must be completed in all cases filed by joint debtors and by every married debtor, whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed. Do not state the name of any minor child. The average monthly income calculated on this form may differ from the current monthly income calculated on Form 22A, 22B, or 22C.

|                                     |   |                 |
|-------------------------------------|---|-----------------|
| Debtor's Marital Status:<br>Married | DEPENDENTS OF DEBTOR AND SPOUSE         |                 |
|                                     | RELATIONSHIP(S): 3 Children             | AGE(S): 13/11/8 |
| Employment:                         | DEBTOR                                  | SPOUSE          |
| Occupation                          | auto mechanic                           | disabled        |
| Name of Employer                    | self                                    |                 |
| How long employed                   | one year                                |                 |
| Address of Employer                 | 734 Long Run Road, McKeesport, PA 15132 |                 |

INCOME: (Estimate of average or projected monthly income at time case filed)

DEBTOR

SPOUSE

1. Monthly gross wages, salary, and commissions  
(Prorate if not paid monthly)
2. Estimate monthly overtime

\$ 0.00\$ 0.00

\$ \_\_\_\_\_

\$ \_\_\_\_\_

## 3. SUBTOTAL

\$ 0.00\$ 0.00

## 4. LESS PAYROLL DEDUCTIONS

- a. Payroll taxes and social security
- b. Insurance
- c. Union dues
- d. Other (Specify): \_\_\_\_\_

\$ \_\_\_\_\_

\$ \_\_\_\_\_

\$ \_\_\_\_\_

\$ \_\_\_\_\_

\$ \_\_\_\_\_

\$ \_\_\_\_\_

## 5. SUBTOTAL OF PAYROLL DEDUCTIONS

\$ 0.00\$ 0.00

## 6. TOTAL NET MONTHLY TAKE HOME PAY

\$ 0.00\$ 0.00

7. Regular income from operation of business or profession or farm  
(Attach detailed statement)

\$ 3,000.00

\$ \_\_\_\_\_

8. Income from real property

\$ \_\_\_\_\_

\$ \_\_\_\_\_

9. Interest and dividends

\$ \_\_\_\_\_

\$ \_\_\_\_\_

10. Alimony, maintenance or support payments payable to the debtor for  
the debtor's use or that of dependents listed above

\$ \_\_\_\_\_

\$ \_\_\_\_\_

11. Social security or government assistance  
(Specify): Social Security Disability

\$ \_\_\_\_\_

\$ 1,010.00

12. Pension or retirement income

\$ \_\_\_\_\_

\$ \_\_\_\_\_

13. Other monthly income

\$ \_\_\_\_\_

\$ \_\_\_\_\_

(Specify): \_\_\_\_\_

## 14. SUBTOTAL OF LINES 7 THROUGH 13

\$ 3,000.00\$ 1,010.00

## 15. AVERAGE MONTHLY INCOME (Add amounts on lines 6 and 14)

\$ 3,000.00\$ 1,010.00

## 16. COMBINED AVERAGE MONTHLY INCOME: (Combine column totals from line 15)

\$ 4,010.00(Report also on Summary of Schedules and, if applicable,  
on Statistical Summary of Certain Liabilities and Related Data)

17. Describe any increase or decrease in income reasonably anticipated to occur within the year following the filing of this document:



In re Brian S. Chandler,  
DebtorCase No. 10-26846-JAD  
(if known)**SCHEDULE J - CURRENT EXPENDITURES OF INDIVIDUAL DEBTOR(S)**

Complete this schedule by estimating the average or projected monthly expenses of the debtor and the debtor's family at time case filed. Prorate any payments made bi-weekly, quarterly, semi-annually, or annually to show monthly rate. The average monthly expenses calculated on this form may differ from the deductions from income allowed on Form 22A or 22C.



Check this box if a joint petition is filed and debtor's spouse maintains a separate household. Complete a separate schedule of expenditures labeled "Spouse."

|  |                           |
|--|---------------------------|
| 1. Rent or home mortgage payment (include lot rented for mobile home)  | \$ <u>594.55</u>          |
| a. Are real estate taxes included? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>   |                           |
| b. Is property insurance included? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>   |                           |
| 2. Utilities: a. Electricity and heating fuel  | \$ <u>580.00</u>          |
| b. Water and sewer   | \$ <u>200.00</u>          |
| c. Telephone   | \$ <u>60.00</u>           |
| d. Other <u>internet</u>   | \$ <u>40.00</u>           |
| 3. Home maintenance (repairs and upkeep)   | \$ _____                  |
| 4. Food  | \$ <u>400.00</u>          |
| 5. Clothing  | \$ <u>120.00</u>          |
| 6. Laundry and dry cleaning  | \$ <u>10.00</u>           |
| 7. Medical and dental expenses   | \$ _____                  |
| 8. Transportation (not including car payments)   | \$ <u>210.00</u>          |
| 9. Recreation, clubs and entertainment, newspapers, magazines, etc.  | \$ _____                  |
| 10. Charitable contributions   | \$ <u>50.00</u>           |
| 11. Insurance (not deducted from wages or included in home mortgage payments)  |                           |
| a. Homeowner's or renter's   | \$ _____                  |
| b. Life  | \$ _____                  |
| c. Health  | \$ <u>189.00</u>          |
| d. Auto  | \$ <u>130.00</u>          |
| e. Other _____   | \$ _____                  |
| 12. Taxes (not deducted from wages or included in home mortgage payments)<br>(Specify) _____   | \$ _____                  |
| 13. Installment payments: (In chapter 11, 12, and 13 cases, do not list payments to be included in the plan)   |                           |
| a. Auto  | \$ _____                  |
| b. Other _____   | \$ _____                  |
| c. Other _____   | \$ _____                  |
| 14. Alimony, maintenance, and support paid to others   | \$ _____                  |
| 15. Payments for support of additional dependents not living at your home  | \$ _____                  |
| 16. Regular expenses from operation of business, profession, or farm (attach detailed statement)   | \$ _____                  |
| 17. Other _____  | \$ _____                  |
| 18. AVERAGE MONTHLY EXPENSES (Total lines 1-17. Report also on Summary of Schedules and, if applicable, on the Statistical Summary of Certain Liabilities and Related Data.) | <b>\$ <u>2,583.00</u></b> |
| 19. Describe any increase or decrease in expenditures reasonably anticipated to occur within the year following the filing of this document:                                 |                           |
|  |                           |
| 20. STATEMENT OF MONTHLY NET INCOME  |                           |
| a. Average monthly income from Line 15 of Schedule I   | \$ <u>4,010.00</u>        |
| b. Average monthly expenses from Line 18 above   | \$ <u>2,583.00</u>        |
| c. Monthly net income (a. minus b.)  | \$ <u>1,427.00</u>        |

In re Brian S. Chandler,  
DebtorCase No. 10-26846-JAD  
(if known)**DECLARATION CONCERNING DEBTOR'S SCHEDULES****DECLARATION UNDER PENALTY OF PERJURY BY INDIVIDUAL DEBTOR**

I declare under penalty of perjury that I have read the foregoing summary and schedules, consisting of 19 sheets, and that they are true and correct to the best of my knowledge, information, and belief.

Date 10-11-10Signature: Brian S. Chandler  
Debtor

Date \_\_\_\_\_

Signature: \_\_\_\_\_  
(Joint Debtor, if any)

[If joint case, both spouses must sign.]

**DECLARATION AND SIGNATURE OF NON-ATTORNEY BANKRUPTCY PETITION PREPARER (See 11 U.S.C. § 110)**

I declare under penalty of perjury that: (1) I am a bankruptcy petition preparer as defined in 11 U.S.C. § 110; (2) I prepared this document for compensation and have provided the debtor with a copy of this document and the notices and information required under 11 U.S.C. §§ 110(b), 110(h) and 342(b); and, (3) if rules or guidelines have been promulgated pursuant to 11 U.S.C. § 110(h) setting a maximum fee for services chargeable by bankruptcy petition preparers, I have given the debtor notice of the maximum amount before preparing any document for filing for a debtor or accepting any fee from the debtor, as required by that section.

Printed or Typed Name and Title, if any,  
of Bankruptcy Petition PreparerSocial Security No.  
(Required by 11 U.S.C. § 110.)

If the bankruptcy petition preparer is not an individual, state the name, title (if any), address, and social security number of the officer, principal, responsible person, or partner who signs this document.

\_\_\_\_\_  
\_\_\_\_\_

Address \_\_\_\_\_

X \_\_\_\_\_  
Signature of Bankruptcy Petition Preparer\_\_\_\_\_  
Date

Names and Social Security numbers of all other individuals who prepared or assisted in preparing this document, unless the bankruptcy petition preparer is not an individual:

If more than one person prepared this document, attach additional signed sheets conforming to the appropriate Official Form for each person.

A bankruptcy petition preparer's failure to comply with the provisions of title 11 and the Federal Rules of Bankruptcy Procedure may result in fines or imprisonment or both. 11 U.S.C. § 110; 18 U.S.C. § 156.

**DECLARATION UNDER PENALTY OF PERJURY ON BEHALF OF A CORPORATION OR PARTNERSHIP**

I, the \_\_\_\_\_ [the president or other officer or an authorized agent of the corporation or a member or an authorized agent of the partnership] of the \_\_\_\_\_ [corporation or partnership] named as debtor in this case, declare under penalty of perjury that I have read the foregoing summary and schedules, consisting of 19 sheets (Total shown on summary page plus 1), and that they are true and correct to the best of my knowledge, information, and belief.

Date \_\_\_\_\_

Signature: \_\_\_\_\_

\_\_\_\_\_  
[Print or type name of individual signing on behalf of debtor.]

[An individual signing on behalf of a partnership or corporation must indicate position or relationship to debtor.]

Penalty for making a false statement or concealing property: Fine of up to \$500,000 or imprisonment for up to 5 years or both. 18 U.S.C. §§ 152 and 3571.

**WARNING: Effective December 1, 2009, the 15-day deadline to file schedules and certain other documents under Bankruptcy Rule 1007(c) is shortened to 14 days. For further information, see note at bottom of page 2**

## **UNITED STATES BANKRUPTCY COURT**

### **NOTICE TO CONSUMER DEBTOR(S) UNDER §342(b) OF THE BANKRUPTCY CODE**

In accordance with § 342(b) of the Bankruptcy Code, this notice to individuals with primarily consumer debts: (1) Describes briefly the services available from credit counseling services; (2) Describes briefly the purposes, benefits and costs of the four types of bankruptcy proceedings you may commence; and (3) Informs you about bankruptcy crimes and notifies you that the Attorney General may examine all information you supply in connection with a bankruptcy case.

You are cautioned that bankruptcy law is complicated and not easily described. Thus, you may wish to seek the advice of an attorney to learn of your rights and responsibilities should you decide to file a petition. Court employees cannot give you legal advice.

Notices from the bankruptcy court are sent to the mailing address you list on your bankruptcy petition. In order to ensure that you receive information about events concerning your case, Bankruptcy Rule 4002 requires that you notify the court of any changes in your address. If you are filing a **joint case** (a single bankruptcy case for two individuals married to each other), and each spouse lists the same mailing address on the bankruptcy petition, you and your spouse will generally receive a single copy of each notice mailed from the bankruptcy court in a jointly-addressed envelope, unless you file a statement with the court requesting that each spouse receive a separate copy of all notices.

#### **1. Services Available from Credit Counseling Agencies**

With limited exceptions, § 109(h) of the Bankruptcy Code requires that all individual debtors who file for bankruptcy relief on or after October 17, 2005, receive a briefing that outlines the available opportunities for credit counseling and provides assistance in performing a budget analysis. The briefing must be given within 180 days **before** the bankruptcy filing. The briefing may be provided individually or in a group (including briefings conducted by telephone or on the Internet) and must be provided by a nonprofit budget and credit counseling agency approved by the United States trustee or bankruptcy administrator. The clerk of the bankruptcy court has a list that you may consult of the approved budget and credit counseling agencies. Each debtor in a joint case must complete the briefing.

In addition, after filing a bankruptcy case, an individual debtor generally must complete a financial management instructional course before he or she can receive a discharge. The clerk also has a list of approved financial management instructional courses. Each debtor in a joint case must complete the course.

#### **2. The Four Chapters of the Bankruptcy Code Available to Individual Consumer Debtors**

##### **Chapter 7: Liquidation (\$245 filing fee, \$39 administrative fee, \$15 trustee surcharge: Total fee \$299)**

Chapter 7 is designed for debtors in financial difficulty who do not have the ability to pay their existing debts. Debtors whose debts are primarily consumer debts are subject to a "means test" designed to determine whether the case should be permitted to proceed under chapter 7. If your income is greater than the median income for your state of residence and family size, in some cases, the United States trustee (or bankruptcy administrator), the trustee, or creditors have the right to file a motion requesting that the court dismiss your case under § 707(b) of the Code. It is up to the court to decide whether the case should be dismissed.

Under chapter 7, you may claim certain of your property as exempt under governing law. A trustee may have the right to take possession of and sell the remaining property that is not exempt and use the sale proceeds to pay your creditors.

The purpose of filing a chapter 7 case is to obtain a discharge of your existing debts. If, however, you are

found to have committed certain kinds of improper conduct described in the Bankruptcy Code, the court may deny your discharge and, if it does, the purpose for which you filed the bankruptcy petition will be defeated.

Even if you receive a general discharge, some particular debts are not discharged under the law. Therefore, you may still be responsible for most taxes and student loans; debts incurred to pay nondischargeable taxes; domestic support and property settlement obligations; most fines, penalties, forfeitures, and criminal restitution obligations; certain debts which are not properly listed in your bankruptcy papers; and debts for death or personal injury caused by operating a motor vehicle, vessel, or aircraft while intoxicated from alcohol or drugs. Also, if a creditor can prove that a debt arose from fraud, breach of fiduciary duty, or theft, or from a willful and malicious injury, the bankruptcy court may determine that the debt is not discharged.

**Chapter 13: Repayment of All or Part of the Debts of an Individual with Regular Income (\$235 filing fee, \$39 administrative fee: Total fee \$274)**

Chapter 13 is designed for individuals with regular income who would like to pay all or part of their debts in installments over a period of time. You are only eligible for chapter 13 if your debts do not exceed certain dollar amounts set forth in the Bankruptcy Code.

Under chapter 13, you must file with the court a plan to repay your creditors all or part of the money that you owe them, using your future earnings. The period allowed by the court to repay your debts may be three years or five years, depending upon your income and other factors. The court must approve your plan before it can take effect.

After completing the payments under your plan, your debts are generally discharged except for domestic support obligations; most student loans; certain taxes; most criminal fines and restitution obligations; certain debts which are not properly listed in your bankruptcy papers; certain debts for acts that caused death or personal injury; and certain long term secured obligations.

**Chapter 11: Reorganization (\$1000 filing fee, \$39 administrative fee: Total fee \$1039)**

Chapter 11 is designed for the reorganization of a business but is also available to consumer debtors. Its provisions are quite complicated, and any decision by an individual to file a chapter 11 petition should be reviewed with an attorney.

**Chapter 12: Family Farmer or Fisherman (\$200 filing fee, \$39 administrative fee: Total fee \$239)**

Chapter 12 is designed to permit family farmers and fishermen to repay their debts over a period of time from future earnings and is similar to chapter 13. The eligibility requirements are restrictive, limiting its use to those whose income arises primarily from a family-owned farm or commercial fishing operation.

**3. Bankruptcy Crimes and Availability of Bankruptcy Papers to Law Enforcement Officials**

A person who knowingly and fraudulently conceals assets or makes a false oath or statement under penalty of perjury, either orally or in writing, in connection with a bankruptcy case is subject to a fine, imprisonment, or both. All information supplied by a debtor in connection with a bankruptcy case is subject to examination by the Attorney General acting through the Office of the United States Trustee, the Office of the United States Attorney, and other components and employees of the Department of Justice.

**WARNING:** Section 521(a)(1) of the Bankruptcy Code requires that you promptly file detailed information regarding your creditors, assets, liabilities, income, expenses and general financial condition. Your bankruptcy case may be dismissed if this information is not filed with the court within the time deadlines set by the Bankruptcy Code, the Bankruptcy Rules, and the local rules of the court. The documents and the deadlines for filing them are listed on Form B200, which is posted at [http://www.uscourts.gov/bkforms/bankruptcy\\_forms.html#procedure](http://www.uscourts.gov/bkforms/bankruptcy_forms.html#procedure).

**Many filing deadlines change on December 1, 2009. Of special note, 12 rules that set 15 days to act are amended to require action within 14 days, including Rule 1007(c), filing the initial case papers; Rule 3015(b), filing a chapter 13 plan; Rule 8009(a), filing appellate briefs; and Rules 1019, 1020, 2015, 2015.1, 2016, 4001, 4002, 6004, and 6007.**

## UNITED STATES BANKRUPTCY COURT

Western District of Pennsylvania

In re: Brian S. Chandler  
DebtorCase No. 10-26846-JAD  
(if known)

## STATEMENT OF FINANCIAL AFFAIRS

This statement is to be completed by every debtor. Spouses filing a joint petition may file a single statement on which the information for both spouses is combined. If the case is filed under chapter 12 or chapter 13, a married debtor must furnish information for both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed. An individual debtor engaged in business as a sole proprietor, partner, family farmer, or self-employed professional, should provide the information requested on this statement concerning all such activities as well as the individual's personal affairs. To indicate payments, transfers and the like to minor children, state the child's initials and the name and address of the child's parent or guardian, such as "A.B., a minor child, by John Doe, guardian." Do not disclose the child's name. See, 11 U.S.C. §112 and Fed. R. Bankr. P. 1007(m).

Questions 1 - 18 are to be completed by all debtors. Debtors that are or have been in business, as defined below, also must complete Questions 19 - 25. If the answer to an applicable question is "None," mark the box labeled "None." If additional space is needed for the answer to any question, use and attach a separate sheet properly identified with the case name, case number (if known), and the number of the question.

## DEFINITIONS

**"In business."** A debtor is "in business" for the purpose of this form if the debtor is a corporation or partnership. An individual debtor is "in business" for the purpose of this form if the debtor is or has been, within six years immediately preceding the filing of this bankruptcy case, any of the following: an officer, director, managing executive, or owner of 5 percent or more of the voting or equity securities of a corporation; a partner, other than a limited partner, of a partnership; a sole proprietor or self-employed full-time or part-time. An individual debtor also may be "in business" for the purpose of this form if the debtor engages in a trade, business, or other activity, other than as an employee, to supplement income from the debtor's primary employment.

**"Insider."** The term "insider" includes but is not limited to: relatives of the debtor; general partners of the debtor and their relatives; corporations of which the debtor is an officer, director, or person in control; officers, directors, and any owner of 5 percent or more of the voting or equity securities of a corporate debtor and their relatives; affiliates of the debtor and insiders of such affiliates; any managing agent of the debtor. 11 U.S.C. § 101.

## 1. Income from employment or operation of business

None  
☒

State the gross amount of income the debtor has received from employment, trade, or profession, or from operation of the debtor's business, including part-time activities either as an employee or in independent trade or business, from the beginning of this calendar year to the date this case was commenced. State also the gross amounts received during the two years immediately preceding this calendar year. (A debtor that maintains, or has maintained, financial records on the basis of a fiscal rather than a calendar year may report fiscal year income. Identify the beginning and ending dates of the debtor's fiscal year.) If a joint petition is filed, state income for each spouse separately. (Married debtors filing under chapter 12 or chapter 13 must state income of both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

AMOUNT

SOURCE

\$88,000.00

Streets Automotive (self employment), Dura Bond Coating, Mon Valley Mobil Lab, Inc.

**2. Income other than from employment or operation of business**None  
☒

State the amount of income received by the debtor other than from employment, trade, profession, operation of the debtor's business during the two years immediately preceding the commencement of this case. Give particulars. If a joint petition is filed, state income for each spouse separately. (Married debtors filing under chapter 12 or chapter 13 must state income for each spouse whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

AMOUNT

SOURCE

**3. Payments to creditors***Complete a. or b., as appropriate, and c.*None  
☐

a. *Individual or joint debtor(s) with primarily consumer debts:* List all payments on loans, installment purchases of goods or services, and other debts to any creditor made within 90 days immediately preceding the commencement of this case unless the aggregate value of all property that constitutes or is affected by such transfer is less than \$600. Indicate with an asterisk (\*) any payments that were made to a creditor on account of a domestic support obligation or as part of an alternative repayment schedule under a plan by an approved nonprofit budgeting and credit counseling agency. (Married debtors filing under chapter 12 or chapter 13 must include payments by either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

| NAME AND ADDRESS OF CREDITOR  | DATES OF PAYMENTS | AMOUNT PAID | AMOUNT STILL OWING |
|---|-------------------|-------------|--------------------|
| Nelson's Transmission Service<br>2611 Walnut Street, McKeesport, PA 15132 | 09/20/2010        | 1,986.84    | 644.00             |

None  
☒

b. *Debtor whose debts are not primarily consumer debts:* List each payment or other transfer to any creditor made within 90 days immediately preceding the commencement of the case unless the aggregate value of all property that constitutes or is affected by such transfer is less than \$5,850\*. If the debtor is an individual, indicate with an asterisk (\*) any payments that were made to a creditor on account of a domestic support obligation or as part of an alternative repayment schedule under a plan by an approved nonprofit budgeting and credit counseling agency. (Married debtors filing under chapter 12 or chapter 13 must include payments and other transfers by either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

| NAME AND ADDRESS OF CREDITOR | DATES OF PAYMENTS/ TRANSFERS | AMOUNT PAID OR VALUE OF TRANSFERS | AMOUNT STILL OWING |
|------------------------------|------------------------------|-----------------------------------|--------------------|
|------------------------------|------------------------------|-----------------------------------|--------------------|

---

\* Amount subject to adjustment on 4/01/13, and every three years thereafter with respect to cases commenced on or after the date of adjustment.



None



c. *All debtors:* List all payments made within one year immediately preceding the commencement of this case to or for the benefit of creditors who are or were insiders. (Married debtors filing under chapter 12 or chapter 13 must include payments by either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

| NAME AND ADDRESS OF CREDITOR<br>AND RELATIONSHIP TO DEBTOR | DATE OF<br>PAYMENT | AMOUNT<br>PAID | AMOUNT<br>STILL OWING |
|--|--------------------|----------------|-----------------------|
|--|--------------------|----------------|-----------------------|

#### 4. Suits and administrative proceedings, executions, garnishments and attachments

None



a. List all suits and administrative proceedings to which the debtor is or was a party within one year immediately preceding the filing of this bankruptcy case. (Married debtors filing under chapter 12 or chapter 13 must include information concerning either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

| CAPTION OF SUIT<br>AND CASE NUMBER | NATURE OF PROCEEDING | COURT OR AGENCY<br>AND LOCATION | STATUS OR<br>DISPOSITION |
|------------------------------------|----------------------|---------------------------------|--------------------------|
|------------------------------------|----------------------|---------------------------------|--------------------------|

see attached list

None



b. Describe all property that has been attached, garnished or seized under any legal or equitable process within one year immediately preceding the commencement of this case. (Married debtors filing under chapter 12 or chapter 13 must include information concerning property of either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

| NAME AND ADDRESS<br>OF PERSON FOR WHOSE<br>BENEFIT PROPERTY WAS SEIZED | DATE OF<br>SEIZURE | DESCRIPTION<br>AND VALUE<br>OF PROPERTY |
|--|--------------------|---|
|--|--------------------|---|

|   |            |                            |
|---|------------|----------------------------|
| Jhon C. Beckinger<br>735 Delaware Avenue, Glassport, PA 15048 | 09/03/2010 | shop equipment<br>\$40,000 |
|---|------------|----------------------------|

#### 5. Repossessions, foreclosures and returns

None



List all property that has been repossessed by a creditor, sold at a foreclosure sale, transferred through a deed in lieu of foreclosure or returned to the seller, within one year immediately preceding the commencement of this case. (Married debtors filing under chapter 12 or chapter 13 must include information concerning property of either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

| NAME AND ADDRESS<br>OF CREDITOR OR SELLER | DATE OF REPOSSESSION,<br>FORECLOSURE SALE,<br>TRANSFER OR RETURN | DESCRIPTION<br>AND VALUE<br>OF PROPERTY |
|---|--|---|
|---|--|---|

**6. Assignments and receiverships**None  
☒

a. Describe any assignment of property for the benefit of creditors made within **120 days** immediately preceding the commencement of this case. (Married debtors filing under chapter 12 or chapter 13 must include any assignment by either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

NAME AND ADDRESS  
OF ASSIGNEEDATE OF  
ASSIGNMENTTERMS OF  
ASSIGNMENT  
OR SETTLEMENTNone  
☒

b. List all property which has been in the hands of a custodian, receiver, or court-appointed official within **one year** immediately preceding the commencement of this case. (Married debtors filing under chapter 12 or chapter 13 must include information concerning property of either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

NAME AND ADDRESS  
OF CUSTODIANNAME AND LOCATION  
OF COURT  
CASE TITLE & NUMBERDATE OF  
ORDERDESCRIPTION  
AND VALUE  
OF PROPERTY**7. Gifts**None  
☒

List all gifts or charitable contributions made within **one year** immediately preceding the commencement of this case except ordinary and usual gifts to family members aggregating less than \$200 in value per individual family member and charitable contributions aggregating less than \$100 per recipient. (Married debtors filing under chapter 12 or chapter 13 must include gifts or contributions by either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

NAME AND ADDRESS  
OF PERSON  
OR ORGANIZATIONRELATIONSHIP  
TO DEBTOR,  
IF ANYDATE  
OF GIFTDESCRIPTION  
AND VALUE  
OF GIFT**8. Losses**None  
☒

List all losses from fire, theft, other casualty or gambling within **one year** immediately preceding the commencement of this case or **since the commencement** of this case. (Married debtors filing under chapter 12 or chapter 13 must include losses by either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

DESCRIPTION  
AND VALUE OF  
PROPERTYDESCRIPTION OF CIRCUMSTANCES AND, IF  
LOSS WAS COVERED IN WHOLE OR IN PART  
BY INSURANCE, GIVE PARTICULARSDATE  
OF LOSS



**9. Payments related to debt counseling or bankruptcy**None  
☐

List all payments made or property transferred by or on behalf of the debtor to any persons, including attorneys, for consultation concerning debt consolidation, relief under the bankruptcy law or preparation of a petition in bankruptcy within **one year** immediately preceding the commencement of this case.

| NAME AND ADDRESS<br>OF PAYEE                             | DATE OF PAYMENT,<br>NAME OF PAYER IF<br>OTHER THAN DEBTOR | AMOUNT OF MONEY OR<br>DESCRIPTION AND<br>VALUE OF PROPERTY |
|--|---|--|
| Cricket Debt Counseling<br>10121 SE Sunnyside Rd, Oregon | 09/27/2010  | \$36.00  |

**10. Other transfers**None  
☒

a. List all other property, other than property transferred in the ordinary course of the business or financial affairs of the debtor, transferred either absolutely or as security within **two years** immediately preceding the commencement of this case. (Married debtors filing under chapter 12 or chapter 13 must include transfers by either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

| NAME AND ADDRESS OF TRANSFEREE,<br>RELATIONSHIP TO DEBTOR | DATE | DESCRIBE PROPERTY<br>TRANSFERRED AND<br>VALUE RECEIVED |
|---|------|--|
|---|------|--|

None  
☒

b. List all property transferred by the debtor within **ten years** immediately preceding the commencement of this case to a self-settled trust or similar device of which the debtor is a beneficiary.

| NAME OF TRUST OR OTHER<br>DEVICE | DATE(S) OF<br>TRANSFER(S) | AMOUNT OF MONEY OR DESCRIPTION<br>AND VALUE OF PROPERTY OR DEBTOR'S<br>INTEREST IN PROPERTY |
|----------------------------------|---------------------------|---|
|----------------------------------|---------------------------|---|

**11. Closed financial accounts**None  
☐

List all financial accounts and instruments held in the name of the debtor or for the benefit of the debtor which were closed, sold, or otherwise transferred within **one year** immediately preceding the commencement of this case. Include checking, savings, or other financial accounts, certificates of deposit, or other instruments; shares and share accounts held in banks, credit unions, pension funds, cooperatives, associations, brokerage houses and other financial institutions. (Married debtors filing under chapter 12 or chapter 13 must include information concerning accounts or instruments held by or for either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

| NAME AND ADDRESS<br>OF INSTITUTION | TYPE OF ACCOUNT, LAST FOUR<br>DIGITS OF ACCOUNT NUMBER,<br>AND AMOUNT OF FINAL BALANCE | AMOUNT AND<br>DATE OF SALE<br>OR CLOSING |
|------------------------------------|--|--|
| Citizens Bank                      | Business Account 6947<br>\$0.00  | 8/10/2010                                |

**12. Safe deposit boxes**None  
☒

List each safe deposit or other box or depository in which the debtor has or had securities, cash, or other valuables within one year immediately preceding the commencement of this case. (Married debtors filing under chapter 12 or chapter 13 must include boxes or depositories of either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

| NAME AND ADDRESS<br>OF BANK OR<br>OTHER DEPOSITORY | NAMES AND ADDRESSES<br>OF THOSE WITH ACCESS<br>TO BOX OR DEPOSITORY | DESCRIPTION<br>OF<br>CONTENTS | DATE OF TRANSFER<br>OR SURRENDER,<br>IF ANY |
|--|---|-------------------------------|---|
|--|---|-------------------------------|---|

**13. Setoffs**None  
☒

List all setoffs made by any creditor, including a bank, against a debt or deposit of the debtor within 90 days preceding the commencement of this case. (Married debtors filing under chapter 12 or chapter 13 must include information concerning either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

| NAME AND ADDRESS OF CREDITOR | DATE OF<br>SETOFF | AMOUNT<br>OF SETOFF |
|------------------------------|-------------------|---------------------|
|------------------------------|-------------------|---------------------|

**14. Property held for another person**None  
☒

List all property owned by another person that the debtor holds or controls.

| NAME AND ADDRESS<br>OF OWNER | DESCRIPTION AND<br>VALUE OF PROPERTY | LOCATION OF PROPERTY |
|------------------------------|--------------------------------------|----------------------|
|------------------------------|--------------------------------------|----------------------|

**15. Prior address of debtor**None  
☐

If debtor has moved within three years immediately preceding the commencement of this case, list all premises which the debtor occupied during that period and vacated prior to the commencement of this case. If a joint petition is filed, report also any separate address of either spouse.

| ADDRESS                           | NAME USED         | DATES OF OCCUPANCY |
|-----------------------------------|-------------------|--------------------|
| 425 25th Street<br>McKeesport, PA | Brian S. Chandler | 2007-2008          |

**16. Spouses and Former Spouses**

None



If the debtor resides or resided in a community property state, commonwealth, or territory (including Alaska, Arizona, California, Idaho, Louisiana, Nevada, New Mexico, Puerto Rico, Texas, Washington, or Wisconsin) within eight years immediately preceding the commencement of the case, identify the name of the debtor's spouse and of any former spouse who resides or resided with the debtor in the community property state.

NAME

**17. Environmental Information.**

For the purpose of this question, the following definitions apply:

"Environmental Law" means any federal, state, or local statute or regulation regulating pollution, contamination, releases of hazardous or toxic substances, wastes or material into the air, land, soil, surface water, groundwater, or other medium, including, but not limited to, statutes or regulations regulating the cleanup of these substances, wastes, or material.

"Site" means any location, facility, or property as defined under any Environmental Law, whether or not presently or formerly owned or operated by the debtor, including, but not limited to, disposal sites.

"Hazardous Material" means anything defined as a hazardous waste, hazardous substance, toxic substance, hazardous material, pollutant, or contaminant or similar term under an Environmental Law.

None



a. List the name and address of every site for which the debtor has received notice in writing by a governmental unit that it may be liable or potentially liable under or in violation of an Environmental Law. Indicate the governmental unit, the date of the notice, and, if known, the Environmental Law:

| SITE NAME<br>AND ADDRESS | NAME AND ADDRESS<br>OF GOVERNMENTAL UNIT | DATE OF<br>NOTICE | ENVIRONMENTAL<br>LAW |
|--------------------------|--|-------------------|----------------------|
|--------------------------|--|-------------------|----------------------|

None



b. List the name and address of every site for which the debtor provided notice to a governmental unit of a release of Hazardous Material. Indicate the governmental unit to which the notice was sent and the date of the notice.

| SITE NAME<br>AND ADDRESS | NAME AND ADDRESS<br>OF GOVERNMENTAL UNIT | DATE OF<br>NOTICE | ENVIRONMENTAL<br>LAW |
|--------------------------|--|-------------------|----------------------|
|--------------------------|--|-------------------|----------------------|

None



c. List all judicial or administrative proceedings, including settlements or orders, under any Environmental Law with respect to which the debtor is or was a party. Indicate the name and address of the governmental unit that is or was a party to the proceeding, and the docket number.

| NAME AND ADDRESS<br>OF GOVERNMENTAL UNIT | DOCKET NUMBER | STATUS OR<br>DISPOSITION |
|--|---------------|--------------------------|
|--|---------------|--------------------------|

**18. Nature, location and name of business**

None



a. *If the debtor is an individual*, list the names, addresses, taxpayer-identification numbers, nature of the businesses, and beginning and ending dates of all businesses in which the debtor was an officer, director, partner, or managing

executive of a corporation, partner in a partnership, sole proprietor, or was self-employed in a trade, profession, or other activity either full- or part-time within six years immediately preceding the commencement of this case, or in which the debtor owned 5 percent or more of the voting or equity securities within six years immediately preceding the commencement of this case.

*If the debtor is a partnership, list the names, addresses, taxpayer-identification numbers, nature of the businesses, and beginning and ending dates of all businesses in which the debtor was a partner or owned 5 percent or more of the voting or equity securities, within six years immediately preceding the commencement of this case.*

*If the debtor is a corporation, list the names, addresses, taxpayer-identification numbers, nature of the businesses, and beginning and ending dates of all businesses in which the debtor was a partner or owned 5 percent or more of the voting or equity securities within six years immediately preceding the commencement of this case.*

| NAME              | LAST FOUR DIGITS<br>OF SOCIAL-SECURITY<br>OR OTHER INDIVIDUAL<br>TAXPAYER-I.D. NO.<br>(ITIN)/ COMPLETE EIN | ADDRESS              | NATURE OF BUSINESS | BEGINNING AND<br>ENDING DATES |
|-------------------|--|----------------------|--------------------|-------------------------------|
| Street Automotive | 2755   | 734 Long<br>Run Road | automotive repair  | 2009-present                  |

None ☒ b. Identify any business listed in response to subdivision a., above, that is "single asset real estate" as defined in 11 U.S.C. § 101.

| NAME | ADDRESS |
|------|---------|
|------|---------|

The following questions are to be completed by every debtor that is a corporation or partnership and by any individual debtor who is or has been, within six years immediately preceding the commencement of this case, any of the following: an officer, director, managing executive, or owner of more than 5 percent of the voting or equity securities of a corporation; a partner, other than a limited partner, of a partnership, a sole proprietor, or self-employed in a trade, profession, or other activity, either full- or part-time.

*(An individual or joint debtor should complete this portion of the statement only if the debtor is or has been in business, as defined above, within six years immediately preceding the commencement of this case. A debtor who has not been in business within those six years should go directly to the signature page.)*

#### 19. Books, records and financial statements

None ☐ a. List all bookkeepers and accountants who within two years immediately preceding the filing of this bankruptcy case kept or supervised the keeping of books of account and records of the debtor.

| NAME AND ADDRESS   | DATES SERVICES RENDERED |
|--|-------------------------|
| Paul J. Emsurak, CPA, 215 Market Street<br>Elizabeth, PA 15037 | continuous              |

None ☒ b. List all firms or individuals who within two years immediately preceding the filing of this bankruptcy case have audited the books of account and records, or prepared a financial statement of the debtor.

| NAME | ADDRESS | DATES SERVICES RENDERED |
|------|---------|-------------------------|
|------|---------|-------------------------|

None  
☐

c. List all firms or individuals who at the time of the commencement of this case were in possession of the books of account and records of the debtor. If any of the books of account and records are not available, explain.

NAME

ADDRESS

Paul J. Emsurak

215 Market Street  
Elizabeth, PANone  
☒

d. List all financial institutions, creditors and other parties, including mercantile and trade agencies, to whom a financial statement was issued by the debtor within **two years** immediately preceding the commencement of this case.

NAME AND ADDRESS

DATE ISSUED

---

## 20. Inventories

None  
☒

a. List the dates of the last two inventories taken of your property, the name of the person who supervised the taking of each inventory, and the dollar amount and basis of each inventory.

DATE OF INVENTORY

INVENTORY SUPERVISOR

DOLLAR AMOUNT  
OF INVENTORY  
(Specify cost, market or other  
basis)None  
☒

b. List the name and address of the person having possession of the records of each of the inventories reported in a., above.

DATE OF INVENTORY

NAME AND ADDRESSES  
OF CUSTODIAN  
OF INVENTORY RECORDS

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## 21. Current Partners, Officers, Directors and Shareholders

None  
☒

a. If the debtor is a partnership, list the nature and percentage of partnership interest of each member of the partnership.

NAME AND ADDRESS

NATURE OF INTEREST

PERCENTAGE OF INTEREST

None  
☒

b. If the debtor is a corporation, list all officers and directors of the corporation, and each stockholder who directly or indirectly owns, controls, or holds 5 percent or more of the voting or equity securities of the corporation.

NAME AND ADDRESS

TITLE

NATURE AND PERCENTAGE  
OF STOCK OWNERSHIP

**22 . Former partners, officers, directors and shareholders**None  
☒

a. If the debtor is a partnership, list each member who withdrew from the partnership within **one year** immediately preceding the commencement of this case.

| NAME | ADDRESS | DATE OF WITHDRAWAL |
|------|---------|--------------------|
|------|---------|--------------------|

None  
☒

b. If the debtor is a corporation, list all officers or directors whose relationship with the corporation terminated within **one year** immediately preceding the commencement of this case.

| NAME AND ADDRESS | TITLE | DATE OF TERMINATION |
|------------------|-------|---------------------|
|------------------|-------|---------------------|

---

**23 . Withdrawals from a partnership or distributions by a corporation**None  
☒

If the debtor is a partnership or corporation, list all withdrawals or distributions credited or given to an insider, including compensation in any form, bonuses, loans, stock redemptions, options exercised and any other perquisite during **one year** immediately preceding the commencement of this case.

| NAME & ADDRESS<br>OF RECIPIENT,<br>RELATIONSHIP TO DEBTOR | DATE AND PURPOSE<br>OF WITHDRAWAL | AMOUNT OF MONEY<br>OR DESCRIPTION<br>AND VALUE OF PROPERTY |
|---|-----------------------------------|--|
|---|-----------------------------------|--|

---

**24. Tax Consolidation Group.**None  
☒

If the debtor is a corporation, list the name and federal taxpayer-identification number of the parent corporation of any consolidated group for tax purposes of which the debtor has been a member at any time within **six years** immediately preceding the commencement of the case.

| NAME OF PARENT CORPORATION | TAXPAYER-IDENTIFICATION NUMBER (EIN) |
|----------------------------|--------------------------------------|
|----------------------------|--------------------------------------|

---

**25. Pension Funds.**None  
☒

If the debtor is not an individual, list the name and federal taxpayer-identification number of any pension fund to which the debtor, as an employer, has been responsible for contributing at any time within **six years** immediately preceding the commencement of the case.

| NAME OF PENSION FUND | TAXPAYER-IDENTIFICATION NUMBER (EIN) |
|----------------------|--------------------------------------|
|----------------------|--------------------------------------|

\* \* \* \* \*

*[If completed by an individual or individual and spouse]*

I declare under penalty of perjury that I have read the answers contained in the foregoing statement of financial affairs and any attachments thereto and that they are true and correct.

Date 10-11-10 Signature of Debtor Ben D. Orell  
 Date \_\_\_\_\_ Signature of Joint Debtor (if any) \_\_\_\_\_

*[If completed on behalf of a partnership or corporation]*

I declare under penalty of perjury that I have read the answers contained in the foregoing statement of financial affairs and any attachments thereto and that they are true and correct to the best of my knowledge, information and belief.

Date \_\_\_\_\_ Signature \_\_\_\_\_  
 Print Name and Title \_\_\_\_\_

[An individual signing on behalf of a partnership or corporation must indicate position or relationship to debtor.]

\_\_\_\_ continuation sheets attached

Penalty for making a false statement: Fine of up to \$500,000 or imprisonment for up to 5 years, or both. 18 U.S.C. §§ 152 and 3571

**DECLARATION AND SIGNATURE OF NON-ATTORNEY BANKRUPTCY PETITION PREPARER (See 11 U.S.C. § 110)**

I declare under penalty of perjury that: (1) I am a bankruptcy petition preparer as defined in 11 U.S.C. § 110; (2) I prepared this document for compensation and have provided the debtor with a copy of this document and the notices and information required under 11 U.S.C. §§ 110(b), 110(h), and 342(b); and, (3) if rules or guidelines have been promulgated pursuant to 11 U.S.C. § 110(h) setting a maximum fee for services chargeable by bankruptcy petition preparers, I have given the debtor notice of the maximum amount before preparing any document for filing for a debtor or accepting any fee from the debtor, as required by that section.

Printed or Typed Name and Title, if any, of Bankruptcy Petition Preparer

Social-Security No. (Required by 11 U.S.C. § 110.)

*If the bankruptcy petition preparer is not an individual, state the name, title (if any), address, and social-security number of the officer, principal, responsible person, or partner who signs this document.*

Address

Signature of Bankruptcy Petition Preparer

Date

Names and Social-Security numbers of all other individuals who prepared or assisted in preparing this document unless the bankruptcy petition preparer is not an individual:

If more than one person prepared this document, attach additional signed sheets conforming to the appropriate Official Form for each person

***A bankruptcy petition preparer's failure to comply with the provisions of title 11 and the Federal Rules of Bankruptcy Procedure may result in fines or imprisonment or both. 18 U.S.C. § 156.***

In re Brian S. Chandler  
Debtor(s)Case Number: 10-26846-JAD  
(If known)

According to the calculations required by this statement:

☒ The applicable commitment period is 3 years.☐ The applicable commitment period is 5 years.☐ Disposable income is determined under § 1325(b)(3).☐ Disposable income is not determined under § 1325(b)(3).

(Check the boxes as directed in Lines 17 and 23 of this statement.)

**CHAPTER 13 STATEMENT OF CURRENT MONTHLY INCOME  
AND CALCULATION OF COMMITMENT PERIOD AND DISPOSABLE INCOME**

In addition to Schedules I and J, this statement must be completed by every individual chapter 13 debtor, whether or not filing jointly. Joint debtors may complete one statement only.

| <b>Part I. REPORT OF INCOME</b> |  |   |                             |   |   |         |
|---------------------------------|--|---|-----------------------------|---|---|---------|
| <b>1</b>                        | <b>Marital/filing status.</b> Check the box that applies and complete the balance of this part of this statement as directed.<br>a. <input type="checkbox"/> Unmarried. Complete only Column A ("Debtor's Income") for Lines 2-10.<br>b. <input checked="" type="checkbox"/> Married. Complete both Column A ("Debtor's Income") and Column B ("Spouse's Income") for Lines 2-10.<br>All figures must reflect average monthly income received from all sources, derived during the six calendar months prior to filing the bankruptcy case, ending on the last day of the month before the filing. If the amount of monthly income varied during the six months, you must divide the six-month total by six, and enter the result on the appropriate line. |   |                             | <b>Column A<br/>Debtor's<br/>Income</b> | <b>Column B<br/>Spouse's<br/>Income</b> |         |
| <b>2</b>                        | <b>Gross wages, salary, tips, bonuses, overtime, commissions.</b>  |   |                             | \$ 0.00                                 | \$ 0.00                                 |         |
| <b>3</b>                        | <b>Income from the operation of a business, profession, or farm.</b> Subtract Line b from Line a and enter the difference in the appropriate column(s) of Line 3. If you operate more than one business, profession or farm, enter aggregate numbers and provide details on an attachment. Do not enter a number less than zero. Do not include any part of the business expenses entered on Line b as a deduction in Part IV.   |   |                             |   |   |         |
|                                 | a.   | Gross receipts                            | \$ 4,520.00                 |   |   |         |
|                                 | b.   | Ordinary and necessary business expenses  | \$ 1,520.00                 |   |   |         |
|                                 | c.   | Business income                           | Subtract Line b from Line a | \$ 3,000.00                             | \$                                      |         |
| <b>4</b>                        | <b>Rent and other real property income.</b> Subtract Line b from Line a and enter the difference in the appropriate column(s) of Line 4. Do not enter a number less than zero. Do not include any part of the operating expenses entered on Line b as a deduction in Part IV.  |   |                             |   |   |         |
|                                 | a.   | Gross receipts                            | \$                          |   |   |         |
|                                 | b.   | Ordinary and necessary operating expenses | \$                          |   |   |         |
|                                 | c.   | Rent and other real property income       | Subtract Line b from Line a | \$ 0.00                                 | \$ 0.00                                 |         |
| <b>5</b>                        | <b>Interest, dividends, and royalties.</b>   |   |                             | \$ 0.00                                 | \$ 0.00                                 |         |
| <b>6</b>                        | <b>Pension and retirement income.</b>  |   |                             | \$ 0.00                                 | \$ 0.00                                 |         |
| <b>7</b>                        | <b>Any amounts paid by another person or entity, on a regular basis, for the household expenses of the debtor or the debtor's dependents, including child support paid for that purpose.</b> Do not include alimony or separate maintenance payments or amounts paid by the debtor's spouse.   |   |                             | \$ 0.00                                 | \$ 0.00                                 |         |
| <b>8</b>                        | <b>Unemployment compensation.</b> Enter the amount in the appropriate column(s) of Line 8. However, if you contend that unemployment compensation received by you or your spouse was a benefit under the Social Security Act, do not list the amount of such compensation in Column A or B, but instead state the amount in the space below:   |   |                             |   |   |         |
|                                 | Unemployment compensation claimed to be a benefit under the Social Security Act  |   | Debtor \$ _____             | Spouse \$ _____                         | \$ 0.00                                 | \$ 0.00 |



|    |   |  |             |         |
|----|---|--|-------------|---------|
| 9  | <b>Income from all other sources.</b> Specify source and amount. If necessary, list additional sources on a separate page. Total and enter on Line 9. <b>Do not include alimony or separate maintenance payments paid by your spouse, but include all other payments of alimony or separate maintenance. Do not include</b> any benefits received under the Social Security Act or payments received as a victim of a war crime, crime against humanity, or as a victim of international or domestic terrorism. |  |             |         |
|    | a.  |  | \$          |         |
|    | b.  |  | \$          |         |
|    |   |  | \$ 0.00     | \$ 0.00 |
| 10 | <b>Subtotal.</b> Add Lines 2 thru 9 in Column A, and, if Column B is completed, add Lines 2 through 9 in Column B. Enter the total(s).  |  | \$ 3,000.00 | \$ 0.00 |
| 11 | <b>Total.</b> If Column B has been completed, add Line 10, Column A to Line 10, Column B, and enter the total. If Column B has not been completed, enter the amount from Line 10, Column A.   |  | \$ 3,000.00 |         |

### Part II. CALCULATION OF § 1325(b)(4) COMMITMENT PERIOD

|    |  |  |              |
|----|--|--|--------------|
| 12 | Enter the amount from Line 11.   |  | \$ 3,000.00  |
| 13 | <b>Marital adjustment.</b> If you are married, but are not filing jointly with your spouse, AND if you contend that calculation of the commitment period under § 1325(b)(4) does not require inclusion of the income of your spouse, enter on Line 13 the amount of the income listed in Line 10, Column B that was NOT paid on a regular basis for the household expenses of you or your dependents and specify, in the lines below, the basis for excluding this income (such as payment of the spouse's tax liability or the spouse's support of persons other than the debtor or the debtor's dependents) and the amount of income devoted to each purpose. If necessary, list additional adjustments on a separate page. If the conditions for entering this adjustment do not apply, enter zero. |  |              |
|    | a.   |  | \$           |
|    | b.   |  | \$           |
|    | c.   |  | \$           |
|    | Total and enter on Line 13.  |  | \$           |
| 14 | Subtract Line 13 from Line 12 and enter the result.  |  | \$ 3,000.00  |
| 15 | <b>Annualized current monthly income for § 1325(b)(4).</b> Multiply the amount from Line 14 by the number 12 and enter the result.   |  | \$ 36,000.00 |
| 16 | <b>Applicable median family income.</b> Enter the median family income for applicable state and household size. (This information is available by family size at <a href="http://www.usdoj.gov/ust/">www.usdoj.gov/ust/</a> or from the clerk of the bankruptcy court.)  |  |              |
|    | a. Enter debtor's state of residence: PA      b. Enter debtor's household size: 5  |  | \$ 85,090.00 |
| 17 | <b>Application of § 1325(b)(4).</b> Check the applicable box and proceed as directed.  |  |              |
|    | <input checked="" type="checkbox"/> <b>The amount on Line 15 is less than the amount on Line 16.</b> Check the box for "The applicable commitment period is 3 years" at the top of page 1 of this statement and continue with this statement.  |  |              |
|    | <input type="checkbox"/> <b>The amount on Line 15 is not less than the amount on Line 16.</b> Check the box for "The applicable commitment period is 5 years" at the top of page 1 of this statement and continue with this statement.   |  |              |

### Part III. APPLICATION OF § 1325(b)(3) FOR DETERMINING DISPOSABLE INCOME

|    |                                |             |
|----|--------------------------------|-------------|
| 18 | Enter the amount from Line 11. | \$ 3,000.00 |
|----|--------------------------------|-------------|



| 19   | <p><b>Marital adjustment.</b> If you are married, but are not filing jointly with your spouse, enter on Line 19 the total of any income listed in Line 10, Column B that was NOT paid on a regular basis for the household expenses of the debtor or the debtor's dependents. Specify in the lines below the basis for excluding the Column B income (such as payment of the spouse's tax liability or the spouse's support of persons other than the debtor or the debtor's dependents) and the amount of income devoted to each purpose. If necessary, list additional adjustments on a separate page. If the conditions for entering this adjustment do not apply, enter zero.</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 5%; text-align: center;">a.</td> <td style="width: 70%;"></td> <td style="width: 25%; text-align: right;">\$</td> </tr> <tr> <td style="text-align: center;">b.</td> <td></td> <td style="text-align: right;">\$</td> </tr> <tr> <td style="text-align: center;">c.</td> <td></td> <td style="text-align: right;">\$</td> </tr> </table> <p>Total and enter on Line 19.</p>  | a.                                      |  | \$                   | b.   |  | \$ | c.  |                      | \$    | \$  |                      |  |     |                   |   |     |                   |  |     |          |        |     |          |  |           |
|--|--|---|--|----------------------|--|--|----|-----|----------------------|-------|-----|----------------------|--|-----|-------------------|---|-----|-------------------|--|-----|----------|--------|-----|----------|--|-----------|
| a.   |  | \$                                      |  |                      |  |  |    |     |                      |       |     |                      |  |     |                   |   |     |                   |  |     |          |        |     |          |  |           |
| b.   |  | \$                                      |  |                      |  |  |    |     |                      |       |     |                      |  |     |                   |   |     |                   |  |     |          |        |     |          |  |           |
| c.   |  | \$                                      |  |                      |  |  |    |     |                      |       |     |                      |  |     |                   |   |     |                   |  |     |          |        |     |          |  |           |
| 20   | <b>Current monthly income for § 1325(b)(3).</b> Subtract Line 19 from Line 18 and enter the result.  | \$ 3,000.00                             |  |                      |  |  |    |     |                      |       |     |                      |  |     |                   |   |     |                   |  |     |          |        |     |          |  |           |
| 21   | <b>Annualized current monthly income for § 1325(b)(3).</b> Multiply the amount from Line 20 by the number 12 and enter the result.   | \$                                      |  |                      |  |  |    |     |                      |       |     |                      |  |     |                   |   |     |                   |  |     |          |        |     |          |  |           |
| 22   | <b>Applicable median family income.</b> Enter the amount from Line 16.   | \$ 85,090.00                            |  |                      |  |  |    |     |                      |       |     |                      |  |     |                   |   |     |                   |  |     |          |        |     |          |  |           |
| 23   | <p><b>Application of § 1325(b)(3).</b> Check the applicable box and proceed as directed.</p> <p><input type="checkbox"/> <b>The amount on Line 21 is more than the amount on Line 22.</b> Check the box for "Disposable income is determined under § 1325(b)(3)" at the top of page 1 of this statement and complete the remaining parts of this statement.</p> <p><input type="checkbox"/> <b>The amount on Line 21 is not more than the amount on Line 22.</b> Check the box for "Disposable income is not determined under § 1325(b)(3)" at the top of page 1 of this statement and complete Part VII of this statement. <b>Do not complete Parts IV, V, or VI.</b></p>   |   |  |                      |  |  |    |     |                      |       |     |                      |  |     |                   |   |     |                   |  |     |          |        |     |          |  |           |
| <b>Part IV. CALCULATION OF DEDUCTIONS FROM INCOME</b>                              |  |   |  |                      |  |  |    |     |                      |       |     |                      |  |     |                   |   |     |                   |  |     |          |        |     |          |  |           |
| <b>Subpart A: Deductions under Standards of the Internal Revenue Service (IRS)</b> |  |   |  |                      |  |  |    |     |                      |       |     |                      |  |     |                   |   |     |                   |  |     |          |        |     |          |  |           |
| 24A  | <p><b>National Standards: food, apparel and services, housekeeping supplies, personal care, and miscellaneous.</b> Enter in Line 24A the "Total" amount from IRS National Standards for Allowable Living Expenses for the applicable household size. (This information is available at <a href="http://www.usdoj.gov/ust/">www.usdoj.gov/ust/</a> or from the clerk of the bankruptcy court.)</p>  | \$ 1,693.00                             |  |                      |  |  |    |     |                      |       |     |                      |  |     |                   |   |     |                   |  |     |          |        |     |          |  |           |
| 24B  | <p><b>National Standards: health care.</b> Enter in Line a1 below the amount from IRS National Standards for Out-of-Pocket Health Care for persons under 65 years of age, and in Line a2 the IRS National Standards for Out-of-Pocket Health Care for persons 65 years of age or older. (This information is available at <a href="http://www.usdoj.gov/ust/">www.usdoj.gov/ust/</a> or from the clerk of the bankruptcy court.) Enter in Line b1 the number of members of your household who are under 65 years of age, and enter in Line b2 the number of members of your household who are 65 years of age or older. (The total number of household members must be the same as the number stated in Line 16b.) Multiply Line a1 by Line b1 to obtain a total amount for household members under 65, and enter the result in Line c1. Multiply Line a2 by Line b2 to obtain a total amount for household members 65 and older, and enter the result in Line c2. Add Lines c1 and c2 to obtain a total health care amount, and enter the result in Line 24B.</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th colspan="3" style="text-align: left;">Household members under 65 years of age</th> <th colspan="3" style="text-align: left;">Household members 65 years of age or older</th> </tr> </thead> <tbody> <tr> <td style="width: 5%;">a1.</td> <td style="width: 60%;">Allowance per member</td> <td style="width: 35%; text-align: right;">60.00</td> <td style="width: 5%;">a2.</td> <td style="width: 60%;">Allowance per member</td> <td style="width: 35%;"></td> </tr> <tr> <td>b1.</td> <td>Number of members</td> <td style="text-align: right;">5</td> <td>b2.</td> <td>Number of members</td> <td></td> </tr> <tr> <td>c1.</td> <td>Subtotal</td> <td style="text-align: right;">300.00</td> <td>c2.</td> <td>Subtotal</td> <td></td> </tr> </tbody> </table> | Household members under 65 years of age |  |                      | Household members 65 years of age or older |  |    | a1. | Allowance per member | 60.00 | a2. | Allowance per member |  | b1. | Number of members | 5 | b2. | Number of members |  | c1. | Subtotal | 300.00 | c2. | Subtotal |  | \$ 300.00 |
| Household members under 65 years of age  |  |   | Household members 65 years of age or older |                      |  |  |    |     |                      |       |     |                      |  |     |                   |   |     |                   |  |     |          |        |     |          |  |           |
| a1.  | Allowance per member   | 60.00                                   | a2.  | Allowance per member |  |  |    |     |                      |       |     |                      |  |     |                   |   |     |                   |  |     |          |        |     |          |  |           |
| b1.  | Number of members  | 5                                       | b2.  | Number of members    |  |  |    |     |                      |       |     |                      |  |     |                   |   |     |                   |  |     |          |        |     |          |  |           |
| c1.  | Subtotal   | 300.00                                  | c2.  | Subtotal             |  |  |    |     |                      |       |     |                      |  |     |                   |   |     |                   |  |     |          |        |     |          |  |           |
| 25A  | <p><b>Local Standards: housing and utilities; non-mortgage expenses.</b> Enter the amount of the IRS Housing and Utilities Standards; non-mortgage expenses for the applicable county and household size. (This information is available at <a href="http://www.usdoj.gov/ust/">www.usdoj.gov/ust/</a> or from the clerk of the bankruptcy court.)</p>   | \$ 610.00                               |  |                      |  |  |    |     |                      |       |     |                      |  |     |                   |   |     |                   |  |     |          |        |     |          |  |           |



|     |  |                              |           |
|-----|--|------------------------------|-----------|
| 25B | <b>Local Standards: housing and utilities; mortgage/rent expense.</b> Enter, in Line a below, the amount of the IRS Housing and Utilities Standards; mortgage/rent expense for your county and household size (this information is available at <a href="http://www.usdoj.gov/ust/">www.usdoj.gov/ust/</a> or from the clerk of the bankruptcy court); enter on Line b the total of the Average Monthly Payments for any debts secured by your home, as stated in Line 47; subtract Line b from Line a and enter the result in Line 25B. <b>Do not enter an amount less than zero.</b>   |                              |           |
|     | a. IRS Housing and Utilities Standards; mortgage/rent expense  | \$ 1,013.00                  |           |
|     | b. Average Monthly Payment for any debts secured by your home, if any, as stated in Line 47  | \$ 594.55                    |           |
|     | c. Net mortgage/rental expense   | Subtract Line b from Line a. | \$ 518.45 |
| 26  | <b>Local Standards: housing and utilities; adjustment.</b> If you contend that the process set out in Lines 25A and 25B does not accurately compute the allowance to which you are entitled under the IRS Housing and Utilities Standards, enter any additional amount to which you contend you are entitled, and state the basis for your contention in the space below:<br><br><br>  |                              | \$        |
| 27A | <b>Local Standards: transportation; vehicle operation/public transportation expense.</b> You are entitled to an expense allowance in this category regardless of whether you pay the expenses of operating a vehicle and regardless of whether you use public transportation.<br>Check the number of vehicles for which you pay the operating expenses or for which the operating expenses are included as a contribution to your household expenses in Line 7. <input type="checkbox"/> 0 <input checked="" type="checkbox"/> 1 <input type="checkbox"/> 2 or more.<br>If you checked 0, enter on Line 27A the "Public Transportation" amount from IRS Local Standards: Transportation. If you checked 1 or 2 or more, enter on Line 27A the "Operating Costs" amount from IRS Local Standards: Transportation for the applicable number of vehicles in the applicable Metropolitan Statistical Area or Census Region. (These amounts are available at <a href="http://www.usdoj.gov/ust/">www.usdoj.gov/ust/</a> or from the clerk of the bankruptcy court.) |                              | \$ 265.00 |
| 27B | <b>Local Standards: transportation; additional public transportation expense.</b> If you pay the operating expenses for a vehicle and also use public transportation, and you contend that you are entitled to an additional deduction for your public transportation expenses, enter on Line 27B the "Public Transportation" amount from IRS Local Standards: Transportation. (This amount is available at <a href="http://www.usdoj.gov/ust/">www.usdoj.gov/ust/</a> or from the clerk of the bankruptcy court.)   |                              | \$ 0.00   |
| 28  | <b>Local Standards: transportation ownership/lease expense; Vehicle 1.</b> Check the number of vehicles for which you claim an ownership/lease expense. (You may not claim an ownership/lease expense for more than two vehicles.) <input type="checkbox"/> 1 <input type="checkbox"/> 2 or more.<br>Enter, in Line a below, the "Ownership Costs" for "One Car" from the IRS Local Standards: Transportation (available at <a href="http://www.usdoj.gov/ust/">www.usdoj.gov/ust/</a> or from the clerk of the bankruptcy court); enter in Line b the total of the Average Monthly Payments for any debts secured by Vehicle 1, as stated in Line 47; subtract Line b from Line a and enter the result in Line 28. <b>Do not enter an amount less than zero.</b>  |                              |           |
|     | a. IRS Transportation Standards, Ownership Costs   | \$                           |           |
|     | b. Average Monthly Payment for any debts secured by Vehicle 1, as stated in Line 47  | \$                           |           |
|     | c. Net ownership/lease expense for Vehicle 1   | Subtract Line b from Line a. | \$ 0.00   |



|   |   |                              |   |    |    |  |    |    |   |                              |         |
|---|---|------------------------------|---|----|----|--|----|----|---|------------------------------|---------|
| 29  | <p><b>Local Standards: transportation ownership/lease expense; Vehicle 2.</b> Complete this Line only if you checked the "2 or more" Box in Line 28.</p> <p>Enter, in Line a below, the "Ownership Costs" for "One Car" from the IRS Local Standards: Transportation (available at <a href="http://www.usdoj.gov/ust/">www.usdoj.gov/ust/</a> or from the clerk of the bankruptcy court); enter in Line b the total of the Average Monthly Payments for any debts secured by Vehicle 2, as stated in Line 47; subtract Line b from Line a and enter the result in Line 29. <b>Do not enter an amount less than zero.</b></p> <table border="1" data-bbox="228 353 1304 519"> <tr> <td data-bbox="228 353 300 400">a.</td> <td data-bbox="300 353 964 400">IRS Transportation Standards, Ownership Costs</td> <td data-bbox="964 353 1304 400">\$</td> </tr> <tr> <td data-bbox="228 400 300 470">b.</td> <td data-bbox="300 400 964 470">Average Monthly Payment for any debts secured by Vehicle 2, as stated in Line 47</td> <td data-bbox="964 400 1304 470">\$</td> </tr> <tr> <td data-bbox="228 470 300 519">c.</td> <td data-bbox="300 470 964 519">Net ownership/lease expense for Vehicle 2</td> <td data-bbox="964 470 1304 519">Subtract Line b from Line a.</td> </tr> </table> | a.                           | IRS Transportation Standards, Ownership Costs | \$ | b. | Average Monthly Payment for any debts secured by Vehicle 2, as stated in Line 47 | \$ | c. | Net ownership/lease expense for Vehicle 2 | Subtract Line b from Line a. | \$ 0.00 |
| a.  | IRS Transportation Standards, Ownership Costs   | \$                           |   |    |    |  |    |    |   |                              |         |
| b.  | Average Monthly Payment for any debts secured by Vehicle 2, as stated in Line 47  | \$                           |   |    |    |  |    |    |   |                              |         |
| c.  | Net ownership/lease expense for Vehicle 2   | Subtract Line b from Line a. |   |    |    |  |    |    |   |                              |         |
| 30  | <p><b>Other Necessary Expenses: taxes.</b> Enter the total average monthly expense that you actually incur for all federal, state, and local taxes, other than real estate and sales taxes, such as income taxes, self-employment taxes, social-security taxes, and Medicare taxes. <b>Do not include real estate or sales taxes.</b></p>   | \$ 0.00                      |   |    |    |  |    |    |   |                              |         |
| 31  | <p><b>Other Necessary Expenses: involuntary deductions for employment.</b> Enter the total average monthly deductions that are required for your employment, such as mandatory retirement contributions, union dues, and uniform costs. <b>Do not include discretionary amounts, such as voluntary 401(k) contributions.</b></p>  | \$ 0.00                      |   |    |    |  |    |    |   |                              |         |
| 32  | <p><b>Other Necessary Expenses: life insurance.</b> Enter total average monthly premiums that you actually pay for term life insurance for yourself. <b>Do not include premiums for insurance on your dependents, for whole life or for any other form of insurance.</b></p>  | \$ 0.00                      |   |    |    |  |    |    |   |                              |         |
| 33  | <p><b>Other Necessary Expenses: court-ordered payments.</b> Enter the total monthly amount that you are required to pay pursuant to the order of a court or administrative agency, such as spousal or child support payments. <b>Do not include payments on past due obligations included in Line 49.</b></p>   | \$ 0.00                      |   |    |    |  |    |    |   |                              |         |
| 34  | <p><b>Other Necessary Expenses: education for employment or for a physically or mentally challenged child.</b> Enter the total average monthly amount that you actually expend for education that is a condition of employment and for education that is required for a physically or mentally challenged dependent child for whom no public education providing similar services is available.</p>   | \$ 0.00                      |   |    |    |  |    |    |   |                              |         |
| 35  | <p><b>Other Necessary Expenses: childcare.</b> Enter the total average monthly amount that you actually expend on childcare—such as baby-sitting, day care, nursery and preschool. <b>Do not include other educational payments.</b></p>  | \$ 0.00                      |   |    |    |  |    |    |   |                              |         |
| 36  | <p><b>Other Necessary Expenses: health care.</b> Enter the total average monthly amount that you actually expend on health care that is required for the health and welfare of yourself or your dependents, that is not reimbursed by insurance or paid by a health savings account, and that is in excess of the amount entered in Line 24B. <b>Do not include payments for health insurance or health savings accounts listed in Line 39.</b></p>   | \$ 0.00                      |   |    |    |  |    |    |   |                              |         |
| 37  | <p><b>Other Necessary Expenses: telecommunication services.</b> Enter the total average monthly amount that you actually pay for telecommunication services other than your basic home telephone and cell phone service—such as pagers, call waiting, caller id, special long distance, or internet service—to the extent necessary for your health and welfare or that of your dependents. <b>Do not include any amount previously deducted.</b></p>   | \$ 0.00                      |   |    |    |  |    |    |   |                              |         |
| 38  | <p><b>Total Expenses Allowed under IRS Standards.</b> Enter the total of Lines 24 through 37.</p>   | \$ 3,386.00                  |   |    |    |  |    |    |   |                              |         |
| <p align="center"><b>Subpart B: Additional Living Expense Deductions</b></p> <p align="center"><b>Note: Do not include any expenses that you have listed in Lines 24-37</b></p> |   |                              |   |    |    |  |    |    |   |                              |         |



|   |  |                        |                              |                              |   |
|---|--|------------------------|------------------------------|------------------------------|---|
| 39  | <b>Health Insurance, Disability Insurance, and Health Savings Account Expenses.</b> List the monthly expenses in the categories set out in lines a-c below that are reasonably necessary for yourself, your spouse, or your dependents.  |                        |                              |                              |   |
|   | a.   | Health Insurance       | \$                           | 189.00                       |   |
|   | b.   | Disability Insurance   | \$                           |                              |   |
|   | c.   | Health Savings Account | \$                           |                              |   |
|   | Total and enter on Line 39   |                        |                              |                              | \$ 189.00   |
|   | <b>If you do not actually expend this total amount,</b> state your actual total average monthly expenditures in the space below:<br>\$ _____   |                        |                              |                              |   |
| 40  | <b>Continued contributions to the care of household or family members.</b> Enter the total average actual monthly expenses that you will continue to pay for the reasonable and necessary care and support of an elderly, chronically ill, or disabled member of your household or member of your immediate family who is unable to pay for such expenses. <b>Do not include payments listed in Line 34.</b>   |                        |                              |                              | \$ 0.00   |
| 41  | <b>Protection against family violence.</b> Enter the total average reasonably necessary monthly expenses that you actually incur to maintain the safety of your family under the Family Violence Prevention and Services Act or other applicable federal law. The nature of these expenses is required to be kept confidential by the court.   |                        |                              |                              | \$ 0.00   |
| 42  | <b>Home energy costs.</b> Enter the total average monthly amount, in excess of the allowance specified by IRS Local Standards for Housing and Utilities, that you actually expend for home energy costs. <b>You must provide your case trustee with documentation of your actual expenses, and you must demonstrate that the additional amount claimed is reasonable and necessary.</b>  |                        |                              |                              | \$ 0.00   |
| 43  | <b>Education expenses for dependent children under 18.</b> Enter the total average monthly expenses that you actually incur, not to exceed \$147.92 per child, for attendance at a private or public elementary or secondary school by your dependent children less than 18 years of age. <b>You must provide your case trustee with documentation of your actual expenses, and you must explain why the amount claimed is reasonable and necessary and not already accounted for in the IRS Standards.</b>  |                        |                              |                              | \$ 0.00   |
| 44  | <b>Additional food and clothing expense.</b> Enter the total average monthly amount by which your food and clothing expenses exceed the combined allowances for food and clothing (apparel and services) in the IRS National Standards, not to exceed 5% of those combined allowances. (This information is available at <a href="http://www.usdoj.gov/ust/">www.usdoj.gov/ust/</a> or from the clerk of the bankruptcy court.) <b>You must demonstrate that the additional amount claimed is reasonable and necessary.</b>  |                        |                              |                              | \$ 0.00   |
| 45  | <b>Charitable contributions.</b> Enter the amount reasonably necessary for you to expend each month on charitable contributions in the form of cash or financial instruments to a charitable organization as defined in 26 U.S.C. § 170(c)(1)-(2). <b>Do not include any amount in excess of 15% of your gross monthly income.</b>   |                        |                              |                              | \$ 0.00   |
| 46  | <b>Total Additional Expense Deductions under § 707(b).</b> Enter the total of Lines 39 through 45.   |                        |                              |                              | \$ 0.00   |
| <b>Subpart C: Deductions for Debt Payment</b> |  |                        |                              |                              |   |
| 47  | <b>Future payments on secured claims.</b> For each of your debts that is secured by an interest in property that you own, list the name of the creditor, identify the property securing the debt, state the Average Monthly Payment, and check whether the payment includes taxes or insurance. The Average Monthly Payment is the total of all amounts scheduled as contractually due to each Secured Creditor in the 60 months following the filing of the bankruptcy case, divided by 60. If necessary, list additional entries on a separate page. Enter the total of the Average Monthly Payments on Line 47. |                        |                              |                              |   |
|   |  | Name of Creditor       | Property Securing the Debt   | Average Monthly Payment      | Does payment include taxes or insurance?                            |
|   | a.   | Nationstar Mortgag     | 419 31st St., McKeesport, PA | \$ 594.55                    | <input checked="" type="checkbox"/> yes <input type="checkbox"/> no |
|   | b.   |                        |                              | \$                           | <input type="checkbox"/> yes <input type="checkbox"/> no            |
|   | c.   |                        |                              | \$                           | <input type="checkbox"/> yes <input type="checkbox"/> no            |
|   |  |                        |                              | Total: Add Lines a, b, and c |   |
|   |  |                        |                              |                              | \$ 594.55   |



|  |   |  |                               |             |
|--|---|--|-------------------------------|-------------|
| 48   | <b>Other payments on secured claims.</b> If any of debts listed in Line 47 are secured by your primary residence, a motor vehicle, or other property necessary for your support or the support of your dependents, you may include in your deduction 1/60th of any amount (the "cure amount") that you must pay the creditor in addition to the payments listed in Line 47, in order to maintain possession of the property. The cure amount would include any sums in default that must be paid in order to avoid repossession or foreclosure. List and total any such amounts in the following chart. If necessary, list additional entries on a separate page. |  |                               |             |
|  | Name of Creditor  | Property Securing the Debt   | 1/60th of the Cure Amount     |             |
|  | a. Nationstar Mortgage  | 419 31st St., McKeesport, PA   | \$ 131.29                     |             |
|  | b.  |  | \$                            |             |
|  | c.  |  | \$                            |             |
|  |   |  | Total: Add Lines a, b, and c  | \$ 131.29   |
| 49   | <b>Payments on prepetition priority claims.</b> Enter the total amount, divided by 60, of all priority claims, such as priority tax, child support and alimony claims, for which you were liable at the time of your bankruptcy filing. <b>Do not include current obligations, such as those set out in Line 33.</b>  |  |                               | \$          |
| 50   | <b>Chapter 13 administrative expenses.</b> Multiply the amount in Line a by the amount in Line b, and enter the resulting administrative expense.   |  |                               |             |
|  | a.  | Projected average monthly chapter 13 plan payment.   | \$ 1,168.00                   |             |
|  | b.  | Current multiplier for your district as determined under schedules issued by the Executive Office for United States Trustees. (This information is available at <a href="http://www.usdoj.gov/ust/">www.usdoj.gov/ust/</a> or from the clerk of the bankruptcy court.) | x 2.70                        |             |
|  | c.  | Average monthly administrative expense of chapter 13 case  | Total: Multiply Lines a and b | \$ 31.54    |
| 51   | <b>Total Deductions for Debt Payment.</b> Enter the total of Lines 47 through 50.   |  |                               | \$ 757.38   |
| <b>Subpart D: Total Deductions from Income</b>                       |   |  |                               |             |
| 52   | <b>Total of all deductions from income.</b> Enter the total of Lines 38, 46, and 51.  |  |                               | \$ 4,143.38 |
| <b>Part V. DETERMINATION OF DISPOSABLE INCOME UNDER § 1325(b)(2)</b> |   |  |                               |             |
| 53   | <b>Total current monthly income.</b> Enter the amount from Line 20.   |  |                               | \$ 3,000.00 |
| 54   | <b>Support income.</b> Enter the monthly average of any child support payments, foster care payments, or disability payments for a dependent child, reported in Part I, that you received in accordance with applicable nonbankruptcy law, to the extent reasonably necessary to be expended for such child.  |  |                               | \$ 0.00     |
| 55   | <b>Qualified retirement deductions.</b> Enter the monthly total of (a) all amounts withheld by your employer from wages as contributions for qualified retirement plans, as specified in § 541(b)(7) and (b) all required repayments of loans from retirement plans, as specified in § 362(b)(19).  |  |                               | \$ 0.00     |
| 56   | <b>Total of all deductions allowed under § 707(b)(2).</b> Enter the amount from Line 52.  |  |                               | \$ 4,143.38 |

|    |  |  |              |
|----|--|--|--------------|
| 57 |  | <b>Deduction for special circumstances.</b> If there are special circumstances that justify additional expenses for which there is no reasonable alternative, describe the special circumstances and the resulting expenses in lines a-c below. If necessary, list additional entries on a separate page. Total the expenses and enter the total in Line 57. <b>You must provide your case trustee with documentation of these expenses and you must provide a detailed explanation of the special circumstances that make such expenses necessary and reasonable.</b> |              |
|    | Nature of special circumstances  | Amount of expense  |              |
|    | a.   | \$   |              |
|    | b.   | \$   |              |
|    | c.   | \$   |              |
|    | Total: Add Lines a, b, and c   |  | \$ 0.00      |
| 58 | <b>Total adjustments to determine disposable income.</b> Add the amounts on Lines 54, 55, 56, and 57 and enter the result. |  | \$ 4,143.38  |
| 59 | <b>Monthly Disposable Income Under § 1325(b)(2).</b> Subtract Line 58 from Line 53 and enter the result.                   |  | \$ -1,143.38 |

**Part VI: ADDITIONAL EXPENSE CLAIMS**

|    |                              |   |    |
|----|------------------------------|---|----|
| 60 |                              | <b>Other Expenses.</b> List and describe any monthly expenses, not otherwise stated in this form, that are required for the health and welfare of you and your family and that you contend should be an additional deduction from your current monthly income under § 707(b)(2)(A)(ii)(I). If necessary, list additional sources on a separate page. All figures should reflect your average monthly expense for each item. Total the expenses. |    |
|    | Expense Description          | Monthly Amount  |    |
|    | a.                           | \$  |    |
|    | b.                           | \$  |    |
|    | c.                           | \$  |    |
|    | Total: Add Lines a, b, and c |   | \$ |

**Part VII: VERIFICATION**

|    |   |  |  |
|----|---|--|--|
| 61 | I declare under penalty of perjury that the information provided in this statement is true and correct. <i>(If this is a joint case, both debtors must sign.)</i> |  |  |
|    | Date: <u>10-11-10</u>   | Signature: <u>Brian A. Cloud</u><br>(Debtor) |  |
|    | Date: _____   | Signature: _____<br>(Joint Debtor, if any)   |  |

IN THE UNITED STATES BANKRUPTCY COURT  
FOR THE WESTERN DISTRICT OF PENNSYLVANIA

BRIAN S. CHANDLER,

Debtor.

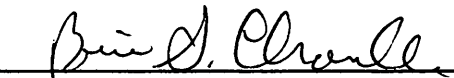
)  
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)

Bankruptcy No. 10-26846-JAD  
Chapter 13

**CERTIFICATION REGARDING LACK OF PAYMENT ADVICES**

Debtor is a self employed person. As such, he does not receive payment advices. Therefore, none are available. Debtor nets approximately \$3,000.00 per month from the operation of his business.

This statement is made subject to the penalties of 42 Pa. C.S.A. 4904 regarding unsworn falsification to authorities.

  
Brian S. Chandler



Form **1040** U.S. Individual Income Tax Return **2009**

Department of the Treasury — Internal Revenue Service

**COPY**  
(99) IRS Use Only — Do not write or staple in this space.

**Label**  
(See instructions.)

**Use the IRS label.**  
Otherwise, please print or type.

**Presidential Election Campaign**

|   |  |   |
|---|--|---|
| For the year Jan 1 - Dec 31, 2009, or other tax year beginning , 2009, ending , 20                    |  | OMB No. 1545-0074   |
| Your first name<br><b>Brian</b>   | MI Last name<br><b>Chandler</b>        | Your social security number<br><b>100-46-4987</b>             |
| If a joint return, spouse's first name<br><b>Tiffany</b>  | MI Last name<br><b>M Chandler, Cha</b> | Spouse's social security number<br><b>100-46-4987</b>         |
| Home address (number and street). If you have a P.O. box, see instructions.<br><b>419 31st Street</b> |  | You <b>must</b> enter your social security number(s) above. ▲ |
| City, town or post office. If you have a foreign address, see instructions.<br><b>McKeesport</b>      |  |   |
| State ZIP code<br><b>PA 15132</b>   |  | Checking a box below will not change your tax or refund.      |
| Check here if you, or your spouse if filing jointly, want \$3 to go to this fund? (see instructions)  |  | <input type="checkbox"/> You <input type="checkbox"/> Spouse  |

**Filing Status**

Check only one box.

|   |   |
|---|---|
| 1 <input type="checkbox"/> Single   | 4 <input type="checkbox"/> Head of household (with qualifying person). (See instructions.) If the qualifying person is a child but not your dependent, enter this child's name here . |
| 2 <input checked="" type="checkbox"/> Married filing jointly (even if only one had income)        |   |
| 3 <input type="checkbox"/> Married filing separately. Enter spouse's SSN above & full name here . | 5 <input type="checkbox"/> Qualifying widow(er) with dependent child (see instructions)   |

**Exemptions**

If more than four dependents, see instructions and check here ☐

|   |   |
|---|---|
| 6a <input checked="" type="checkbox"/> Yourself. If someone can claim you as a dependent, do not check box 6a | Boxes checked on 6a and 6b . . . . . 2  |
| b <input checked="" type="checkbox"/> Spouse  | No. of children on 6c who:  |
| c Dependents:   |   |
| (1) First name Last name  | (2) Dependent's social security number  |
| (3) Dependent's relationship to you   | (4) <input checked="" type="checkbox"/> if qualifying child for child tax credit (see instrs) |
| Chelsea Chandler  | 163-78-8126 Daughter <input checked="" type="checkbox"/>                                      |
| Devan Stanfield Chandler  | 191-78-4887 Son <input checked="" type="checkbox"/>   |
| Isabella M Chandler   | 199-80-6569 Daughter <input checked="" type="checkbox"/>                                      |
| d Total number of exemptions claimed . . . . . 5  |   |

**Income**

Attach Form(s) W-2 here. Also attach Forms W-2G and 1099-R if tax was withheld.

If you did not get a W-2, see instructions.

Enclose, but do not attach, any payment. Also, please use Form 1040-V.

|  |     |         |
|--|-----|---------|
| 7 Wages, salaries, tips, etc. Attach Form(s) W-2   | 7   | 14,935. |
| 8a Taxable interest. Attach Schedule B if required   | 8a  |         |
| b Tax-exempt interest. Do not include on line 8a   | 8b  |         |
| 9a Ordinary dividends. Attach Schedule B if required   | 9a  |         |
| b Qualified dividends (see instrs)   | 9b  |         |
| 10 Taxable refunds, credits, or offsets of state and local income taxes (see instructions)     | 10  |         |
| 11 Alimony received  | 11  |         |
| 12 Business income or (loss). Attach Schedule C or C-EZ  | 12  | 4,102.  |
| 13 Capital gain or (loss). Att Sch D if reqd. If not reqd, ck here                             | 13  |         |
| 14 Other gains or (losses). Attach Form 4797   | 14  |         |
| 15a IRA distributions  | 15a |         |
| b Taxable amount (see instrs)  | 15b |         |
| 16a Pensions and annuities   | 16a |         |
| b Taxable amount (see instrs)  | 16b |         |
| 17 Rental real estate, royalties, partnerships, S corporations, trusts, etc. Attach Schedule E | 17  |         |
| 18 Farm income or (loss). Attach Schedule F  | 18  |         |
| 19 Unemployment compensation in excess of \$2,400 per recipient (see instructions)             | 19  |         |
| 20a Social security benefits   | 20a | 9,960.  |
| b Taxable amount (see instrs)  | 20b | 0.      |
| 21 Other income  | 21  |         |
| 22 Add the amounts in the far right column for lines 7 through 21. This is your total income . | 22  | 19,037. |

**Adjusted Gross Income**

|   |     |         |
|---|-----|---------|
| 23 Educator expenses (see instructions)   | 23  |         |
| 24 Certain business expenses of reservists, performing artists, and fee-basis government officials. Attach Form 2106 or 2106-EZ | 24  |         |
| 25 Health savings account deduction. Attach Form 8889   | 25  |         |
| 26 Moving expenses. Attach Form 3903  | 26  |         |
| 27 One-half of self-employment tax. Attach Schedule SE  | 27  | 290.    |
| 28 Self-employed SEP, SIMPLE, and qualified plans   | 28  |         |
| 29 Self-employed health insurance deduction (see instructions)  | 29  |         |
| 30 Penalty on early withdrawal of savings   | 30  |         |
| 31a Alimony paid b Recipient's SSN  | 31a |         |
| 32 IRA deduction (see instructions)   | 32  |         |
| 33 Student loan interest deduction (see instructions)   | 33  |         |
| 34 Tuition and fees deduction. Attach Form 8917   | 34  |         |
| 35 Domestic production activities deduction. Attach Form 8903   | 35  |         |
| 36 Add lines 23 - 31a and 32 - 35   | 36  | 290.    |
| 37 Subtract line 36 from line 22. This is your adjusted gross income  | 37  | 18,747. |

**Tax and Credits****Standard Deduction for —**

• People who check any box on line 39a, 39b, or 40b or who can be claimed as a dependent, see instructions.

• All others:

Single or Married filing separately, \$5,700

Married filing jointly or Qualifying widow(er), \$11,400

Head of household, \$8,350

|     |  |     |         |
|-----|--|-----|---------|
| 38  | Amount from line 37 (adjusted gross income)  | 38  | 18,747. |
| 39a | Check if: <input type="checkbox"/> You were born before January 2, 1945, <input type="checkbox"/> Blind. <input type="checkbox"/> Spouse was born before January 2, 1945, <input type="checkbox"/> Blind. Total boxes checked <input type="checkbox"/> 39a |     |         |
| b   | If your spouse itemizes on a separate return, or you were a dual-status alien, see instrs and ck here <input type="checkbox"/> 39b   |     |         |
| 40a | Itemized deductions (from Schedule A) or your standard deduction (see left margin)   | 40a | 11,400. |
| b   | If you are increasing your standard deduction by certain real estate taxes, new motor vehicle taxes, or a net disaster loss, attach Schedule L and check here (see instructions) <input type="checkbox"/> 40b  |     |         |
| 41  | Subtract line 40a from line 38   | 41  | 7,347.  |
| 42  | Exemptions. If line 38 is \$125,100 or less and you did not provide housing to a Midwestern displaced individual, multiply \$3,650 by the number on line 6d. Otherwise, see instructions   | 42  | 18,250. |
| 43  | Taxable income. Subtract line 42 from line 41. If line 42 is more than line 41, enter -0-  | 43  | 0.      |
| 44  | Tax (see instrs). Check if any tax is from: a <input type="checkbox"/> Form(s) 8814 b <input type="checkbox"/> Form 4972   | 44  | 0.      |
| 45  | Alternative minimum tax (see instructions). Attach Form 6251   | 45  | 0.      |
| 46  | Add lines 44 and 45  | 46  | 0.      |
| 47  | Foreign tax credit. Attach Form 1116 if required   | 47  |         |
| 48  | Credit for child and dependent care expenses. Attach Form 2441   | 48  |         |
| 49  | Education credits from Form 8863, line 29  | 49  |         |
| 50  | Retirement savings contributions credit. Attach Form 8880  | 50  |         |
| 51  | Child tax credit (see instructions)  | 51  | 0.      |
| 52  | Credits from Form: a <input type="checkbox"/> 8396 b <input type="checkbox"/> 8839 c <input type="checkbox"/> 5695   | 52  |         |
| 53  | Other crs from Form: a <input type="checkbox"/> 3800 b <input type="checkbox"/> 8801 c <input type="checkbox"/>  | 53  |         |
| 54  | Add lines 47 through 53. These are your total credits  | 54  | 0.      |
| 55  | Subtract line 54 from line 46. If line 54 is more than line 46, enter -0-  | 55  | 0.      |
| 56  | Self-employment tax. Attach Schedule SE  | 56  | 580.    |
| 57  | Unreported social security and Medicare tax from Form: a <input type="checkbox"/> 4137 b <input type="checkbox"/> 8919   | 57  |         |
| 58  | Additional tax on IRAs, other qualified retirement plans, etc. Attach Form 5329 if required  | 58  |         |
| 59  | Additional taxes: a <input type="checkbox"/> AEIC payments b <input type="checkbox"/> Household employment taxes. Attach Schedule H  | 59  |         |
| 60  | Add lines 55-59. This is your total tax  | 60  | 580.    |
| 61  | Federal income tax withheld from Forms W-2 and 1099  | 61  | 102.    |
| 62  | 2009 estimated tax payments and amount applied from 2008 return  | 62  |         |
| 63  | Making work pay and government retiree credit. Attach Schedule M   | 63  | 550.    |
| 64a | Earned income credit (EIC)   | 64a | 5,657.  |
| b   | Nontaxable combat pay election <input type="checkbox"/> 64b  |     |         |
| 65  | Additional child tax credit. Attach Form 8812  | 65  | 2,362.  |
| 66  | Refundable education credit from Form 8863, line 16  | 66  | 1,000.  |
| 67  | First-time homebuyer credit. Attach Form 5405  | 67  |         |
| 68  | Amount paid with request for extension to file (see instructions)  | 68  |         |
| 69  | Excess social security and tier 1 RRTA tax withheld (see instructions)   | 69  |         |
| 70  | Credits from Form: a <input type="checkbox"/> 2439 b <input type="checkbox"/> 4136 c <input type="checkbox"/> 8801 d <input type="checkbox"/> 8885   | 70  |         |
| 71  | Add lns 61-63, 64a, & 65-70. These are your total pmts   | 71  | 9,671.  |
| 72  | If line 71 is more than line 60, subtract line 60 from line 71. This is the amount you overpaid  | 72  | 9,091.  |
| 73a | Amount of line 72 you want refunded to you. If Form 8888 is attached, check here <input type="checkbox"/> 73a  |     | 9,091.  |
| b   | Routing number XXXXXXXXX c Type: <input type="checkbox"/> Checking <input type="checkbox"/> Savings  |     |         |
| d   | Account number XXXXXXXXXXXXXXXXXXXX  |     |         |
| 74  | Amount of line 72 you want applied to your 2010 estimated tax  | 74  |         |
| 75  | Amount you owe. Subtract line 71 from line 60. For details on how to pay, see instructions   | 75  |         |
| 76  | Estimated tax penalty (see instructions)   | 76  |         |

**Third Party Designee**

Do you want to allow another person to discuss this return with the IRS (see instructions)? ☐ Yes. Complete the following. ☒ No

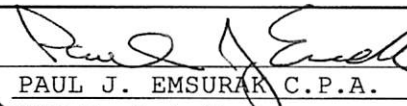
**Sign Here**

Joint return? See instructions. Keep a copy for your records.

Under penalties of perjury, I declare that I have examined this return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.

|  |      |                     |                      |
|--|------|---------------------|----------------------|
| Your signature   | Date | Your occupation     | Daytime phone number |
| Spouse's signature. If a joint return, both must sign. | Date | Spouse's occupation |                      |
|  |      | Housewife           |                      |

**Paid Preparer's Use Only**

Preparer's signature  Date 03/13/2010 Check if self-employed ☒ Preparer's SSN or PTIN P00839455

Firm's name (or yours if self-employed) PAUL J. EMSURAK C.P.A. EIN 30-0462305

address, and ZIP code 215 Market St PA 15037 Phone no. (412) 384-8637

**SCHEDULE C**  
**(Form 1040)**

**Profit or Loss From Business**  
**(Sole Proprietorship)**

OMB No. 1545-0074

**2009**

Attachment  
Sequence No. **09**

Department of the Treasury  
Internal Revenue Service (99)

► **Partnerships, joint ventures, etc., generally must file Form 1065 or 1065-B.**  
► **Attach to Form 1040, 1040NR, or 1041.** ► **See Instructions for Schedule C (Form 1040).**

Name of proprietor

**Brian Chandler**

Social security number (SSN)

**1-4987**

**A** Principal business or profession, including product or service (see instructions)

**Streets Automotive**

**B** Enter code from instructions

► **811110**

**C** Business name. If no separate business name, leave blank.

**Streets Automotive**

**D** Employer ID number (EIN), if any

**25-72755**

**E** Business address (including suite or room no.) ► **734 Long Run Road**

City, town or post office, state, and ZIP code **McKeesport, PA 15132-7427**

**F** Accounting method: (1) ☒ Cash (2) ☐ Accrual (3) ☐ Other (specify) ►

**G** Did you 'materially participate' in the operation of this business during 2009? If 'No,' see instructions for limit on losses . . . ☒ Yes ☐ No

**H** If you started or acquired this business during 2009, check here . . . ☒

**Part I Income**

**1** Gross receipts or sales. **Caution.** See the instructions and check the box if:

- This income was reported to you on Form W-2 and the 'Statutory employee' box on that form was checked, or
- You are a member of a qualified joint venture reporting only rental real estate income not subject to self-employment tax. Also see instructions for limit on losses . . . ☐

**1** 27,474.

**2** Returns and allowances . . . . .

**2**

**3** Subtract line 2 from line 1 . . . . .

**3** 27,474.

**4** Cost of goods sold (from line 42 on page 2) . . . . .

**4** 12,080.

**5** **Gross profit.** Subtract line 4 from line 3 . . . . .

**5** 15,394.

**6** Other income, including federal and state gasoline or fuel tax credit or refund (see instructions) . . . . .

**6**

**7** **Gross income.** Add lines 5 and 6 . . . . .

**7** 15,394.

**Part II Expenses.** Enter expenses for business use of your home **only** on line 30.

**8** Advertising . . . . . **8** 398.

**9** Car and truck expenses (see instructions) . . . . . **9**

**10** Commissions and fees . . . . . **10**

**11** Contract labor (see instructions) . . . . . **11**

**12** Depletion . . . . . **12**

**13** Depreciation and section 179 expense deduction (not included in Part III) (see instructions) . . . . . **13** 4,063.

**14** Employee benefit programs (other than on line 19) . . . . . **14**

**15** Insurance (other than health) . . . . . **15** 403.

**16** Interest:

**a** Mortgage (paid to banks, etc) . . . . . **16a**

**b** Other . . . . . **16b**

**17** Legal & professional services . . . . . **17** 160.

**18** Office expense . . . . . **18** 254.

**19** Pension and profit-sharing plans . . . . . **19**

**20** Rent or lease (see instructions):

**a** Vehicles, machinery, and equipment . . . . . **20a**

**b** Other business property . . . . . **20b** 4,000.

**21** Repairs and maintenance . . . . . **21** 289.

**22** Supplies (not included in Part III) . . . . . **22**

**23** Taxes and licenses . . . . . **23** 379.

**24** Travel, meals, and entertainment:

**a** Travel . . . . . **24a**

**b** Deductible meals and entertainment (see instructions) . . . . . **24b**

**25** Utilities . . . . . **25** 762.

**26** Wages (less employment credits) . . . . . **26**

**27** Other expenses (from line 48 on page 2) . . . . . **27** 584.

**28** **Total expenses** before expenses for business use of home. Add lines 8 through 27 . . . . . **28** 11,292.

**29** Tentative profit or (loss). Subtract line 28 from line 7 . . . . . **29** 4,102.

**30** Expenses for business use of your home. Attach **Form 8829** . . . . . **30**

**31** **Net profit or (loss).** Subtract line 30 from line 29.

- If a profit, enter on both **Form 1040, line 12**, and **Schedule SE, line 2** or on **Form 1040NR, line 13** (if you checked the box on line 1, see instructions). Estates and trusts, enter on **Form 1041, line 3**.
- If a loss, you **must** go to line 32.

**31** 4,102.

**32** If you have a loss, check the box that describes your investment in this activity (see instructions).

- If you checked 32a, enter the loss on both **Form 1040, line 12**, and **Schedule SE, line 2**, or on **Form 1040NR, line 13** (if you checked the box on line 1, see the line 31 instructions). Estates and trusts, enter on **Form 1041, line 3**.
- If you checked 32b, you **must** attach **Form 6198**. Your loss may be limited.

**32a** ☒ All investment is at risk.

**32b** ☐ Some investment is not at risk.

**BAA** For Paperwork Reduction Act Notice, see **Form 1040** instructions.

Schedule **C** (Form 1040) 2009



**Part III Cost of Goods Sold** (see instructions)

|   |            |
|---|------------|
| 33 Method(s) used to value closing inventory: a <input type="checkbox"/> Cost b <input type="checkbox"/> Lower of cost or market c <input type="checkbox"/> Other (attach explanation)                  |            |
| 34 Was there any change in determining quantities, costs, or valuations between opening and closing inventory?<br>If 'Yes,' attach explanation <input type="checkbox"/> Yes <input type="checkbox"/> No |            |
| 35 Inventory at beginning of year. If different from last year's closing inventory,<br>attach explanation   | 35         |
| 36 Purchases less cost of items withdrawn for personal use  | 36         |
| 37 Cost of labor. Do not include any amounts paid to yourself   | 37         |
| 38 Materials and supplies   | 38 12,080. |
| 39 Other costs  | 39         |
| 40 Add lines 35 through 39  | 40 12,080. |
| 41 Inventory at end of year   | 41         |
| 42 Cost of goods sold. Subtract line 41 from line 40. Enter the result here and on page 1, line 4   | 42 12,080. |

**Part IV Information on Your Vehicle.** Complete this part **only** if you are claiming car or truck expenses on line 9 and are not required to file Form 4562 for this business. See the instructions for line 13 to find out if you must file Form 4562.

43 When did you place your vehicle in service for business purposes? (month, day, year) ▶ \_\_\_\_\_

44 Of the total number of miles you drove your vehicle during 2009, enter the number of miles you used your vehicle for:  
a Business \_\_\_\_\_ b Commuting (see instructions) \_\_\_\_\_ c Other \_\_\_\_\_

45 Was your vehicle available for personal use during off-duty hours? ☐ Yes ☐ No

46 Do you (or your spouse) have another vehicle available for personal use? ☐ Yes ☐ No

47 a Do you have evidence to support your deduction? ☐ Yes ☐ No  
b If 'Yes,' is the evidence written? ☐ Yes ☐ No

**Part V Other Expenses.** List below business expenses not included on lines 8-26 or line 30.

|  |         |
|--|---------|
| Bank Service Charges                                       | 2.      |
| Telephone  | 180.    |
| Uniforms   | 222.    |
| Operating  | 180.    |
|  |         |
|  |         |
|  |         |
|  |         |
| 48 Total other expenses. Enter here and on page 1, line 27 | 48 584. |

**SCHEDULE SE**  
**(Form 1040)**Department of the Treasury  
Internal Revenue Service**Self-Employment Tax**

OMB No. 1545-0074

**2009**Attachment  
Sequence No. **17**▶ **Attach to Form 1040. ▶ See Instructions for Schedule SE (Form 1040).**

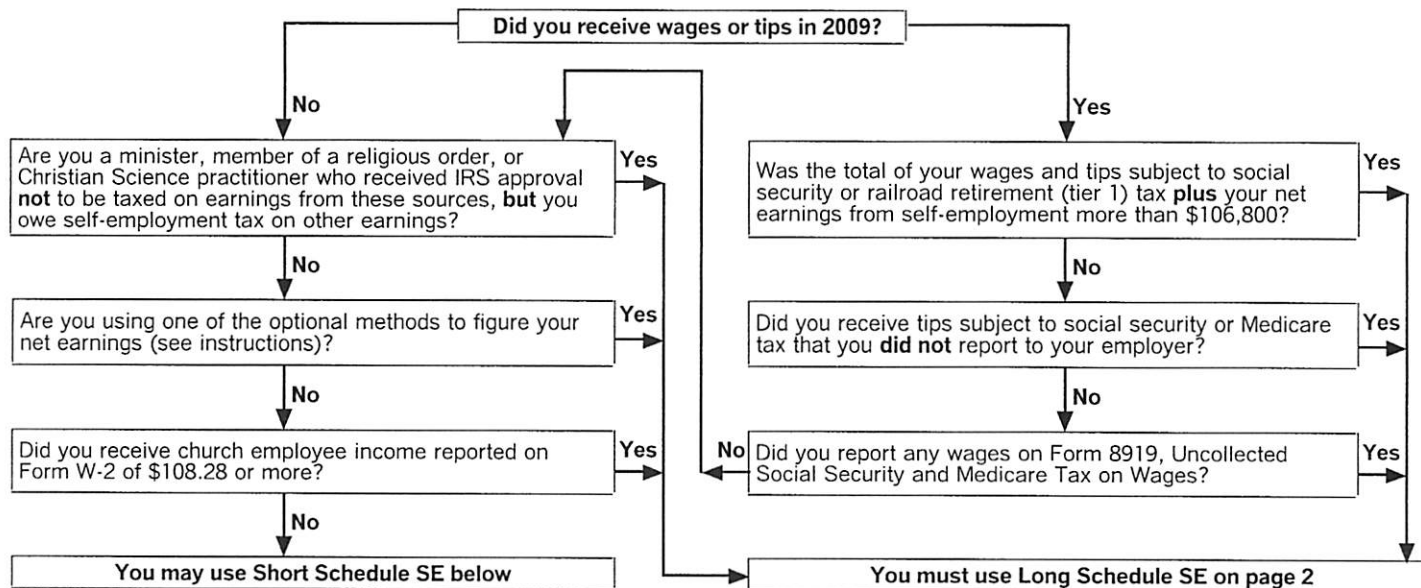
Name of person with self-employment income (as shown on Form 1040)

Brian Chandler

Social security number of person  
with self-employment income ▶~~555-55-4987~~ 4987**Who Must File Schedule SE**

You must file Schedule SE if:

- You had net earnings from self-employment from **other than** church employee income (line 4 of Short Schedule SE or line 4c of Long Schedule SE) of \$400 or more, **or**
- You had church employee income of \$108.28 or more. Income from services you performed as a minister or a member of a religious order **is not** church employee income (see instructions).

**Note.** Even if you had a loss or a small amount of income from self-employment, it may be to your benefit to file Schedule SE and use either 'optional method' in Part II of Long Schedule SE (see instructions).**Exception.** If your only self-employment income was from earnings as a minister, member of a religious order, or Christian Science practitioner **and** you filed Form 4361 and received IRS approval not to be taxed on those earnings, **do not** file Schedule SE. Instead, write 'Exempt - Form 4361' on Form 1040, line 56.**May I Use Short Schedule SE or Must I Use Long Schedule SE?****Note.** Use this flowchart **only** if you must file Schedule SE. If unsure, see *Who Must File Schedule SE*, above.**Section A – Short Schedule SE. Caution.** Read above to see if you can use Short Schedule SE.

|  |     |        |
|--|-----|--------|
| 1 a Net farm profit or (loss) from Schedule F, line 36, and farm partnerships, Schedule K-1 (Form 1065), box 14, code A .....  | 1 a |        |
| b If you received social security retirement or disability benefits, enter the amount of Conservation Reserve Program payments included on Schedule F, line 6b, or listed on Schedule K-1 (Form 1065), box 20, code Y .....  | 1 b |        |
| 2 Net profit or (loss) from Schedule C, line 31; Schedule C-EZ, line 3; Schedule K-1 (Form 1065), box 14, code A (other than farming); and Schedule K-1 (Form 1065-B), box 9, code J1. Ministers and members of religious orders, see instrs for types of income to report on this line. See instrs for other income to report .....   | 2   | 4,102. |
| 3 Combine lns 1a, 1b & 2 .....   | 3   | 4,102. |
| 4 <b>Net earnings from self-employment.</b> Multiply line 3 by 92.35% (.9235). If less than \$400, <b>do not</b> file this schedule; you do not owe self-employment tax .....  | 4   | 3,788. |
| 5 <b>Self-employment tax.</b> If the amount on line 4 is:<br>• \$106,800 or less, multiply line 4 by 15.3% (.153). Enter the result here and on <b>Form 1040, line 56.</b><br>• More than \$106,800, multiply line 4 by 2.9% (.029). Then, add \$13,243.20 to the result. Enter the total here and on <b>Form 1040, line 56.</b> ..... | 5   | 580.   |
| 6 <b>Deduction for one-half of self-employment tax.</b> Multiply line 5 by 50% (.5). Enter the result here and on <b>Form 1040, line 27</b> .....  | 6   | 290.   |

**SCHEDULE EIC**  
(Form 1040A or 1040)

Department of the Treasury  
Internal Revenue Service

Name(s) shown on return

**Earned Income Credit**  
Qualifying Child Information

Complete and attach to Form 1040A or 1040  
only if you have a qualifying child.

OMB No. 1545-0074

**2009**

Attachment  
Sequence No. **43**

Your social security number

Brian Chandler & Tiffany M Chandler, Cha

~~15-66~~ 4987

**Before you begin:**

- See the instructions for Form 1040A, lines 41a and 41b, or Form 1040, lines 64a and 64b, to make sure that (a) you can take the EIC and (b) you have a qualifying child.
- Be sure the child's name on line 1 and social security number (SSN) on line 2 agree with the child's social security card. Otherwise, at the time we process your return, we may reduce or disallow your EIC. If the name or SSN on the child's social security card is not correct, call the Social Security Administration at 1-800-772-1213.

**CAUTION!**

- If you take the EIC even though you are not eligible, you may not be allowed to take the credit for up to 10 years. See the instructions for details.
- It will take us longer to process your return and issue your refund if you do not fill in all lines that apply for each qualifying child.

| Qualifying Child Information   | Child 1   | Child 2   | Child 3   |
|--|---|---|---|
| <b>1 Child's name</b><br><br>If you have more than three qualifying children, you only have to list three to get the maximum credit .....  | First name Last name<br><del>Chelsea</del> Chandler   | First name Last name<br><del>Deanna</del> Chandler  | First name Last name<br><del>Deanna</del> M Chandler  |
| <b>2 Child's SSN</b><br>The child must have an SSN as defined in the Form 1040A or Form 1040 instructions unless the child was born and died in 2009. If your child was born and died in 2009 and did not have an SSN, enter 'Died' on this line and attach a copy of the child's birth certificate, death certificate, or hospital medical records. ... | <del>162-78</del> -8126   | <del>191-78</del> -4887   | <del>199-00</del> -6569   |
| <b>3 Child's year of birth</b>   | Year <u>1997</u><br><small>If born after 1990 AND the child was younger than you (or your spouse, if filing jointly), skip lines 4a and 4b; go to line 5.</small> | Year <u>1999</u><br><small>If born after 1990 AND the child was younger than you (or your spouse, if filing jointly), skip lines 4a and 4b; go to line 5.</small> | Year <u>2002</u><br><small>If born after 1990 AND the child was younger than you (or your spouse, if filing jointly), skip lines 4a and 4b; go to line 5.</small> |
| <b>4a</b> Was the child under age 24 at the end of 2009, a student, and younger than you (or your spouse, if filing jointly)? .....  | <input type="checkbox"/> Yes. <input type="checkbox"/> No.<br>Go to line 5. Continue.   | <input type="checkbox"/> Yes. <input type="checkbox"/> No.<br>Go to line 5. Continue.   | <input type="checkbox"/> Yes. <input type="checkbox"/> No.<br>Go to line 5. Continue.   |
| <b>b</b> Was the child permanently and totally disabled during any part of 2009? .....   | <input type="checkbox"/> Yes. <input type="checkbox"/> No.<br>Continue. The child is not a qualifying child.  | <input type="checkbox"/> Yes. <input type="checkbox"/> No.<br>Continue. The child is not a qualifying child.  | <input type="checkbox"/> Yes. <input type="checkbox"/> No.<br>Continue. The child is not a qualifying child.  |
| <b>5 Child's relationship to you</b><br>(for example, son, daughter, grandchild, niece, nephew, foster child, etc) .....   | Daughter  | Son   | Daughter  |
| <b>6 Number of months child lived with you in the United States during 2009</b><br><br>• If the child lived with you for more than half of 2009 but less than 7 months, enter '7'.<br><br>• If the child was born or died in 2009 and your home was the child's home for the entire time he or she was alive during 2009, enter '12' .....               | <u>12</u> months<br>Do not enter more than 12 months.   | <u>12</u> months<br>Do not enter more than 12 months.   | <u>12</u> months<br>Do not enter more than 12 months.   |

BAA For Paperwork Reduction Act Notice, see Form 1040A or 1040 instructions.

Schedule EIC (Form 1040A or 1040) 2009

Department of the Treasury  
Internal Revenue Service (99)

Complete and attach to Form 1040, Form 1040A, or Form 1040NR.

Attachment  
Sequence No. **47**

Name(s) shown on return

Your social security number

Brian Chandler &amp; Tiffany M Chandler, Cha

~~12-34-56~~ 4987**Part I All Filers**

|           |  |           |          |         |
|-----------|--|-----------|----------|---------|
| <b>1</b>  | <b>1040 filers:</b> Enter the amount from line 6 of your Child Tax Credit Worksheet (see the Instructions for Form 1040, line 51).<br><b>1040A filers:</b> Enter the amount from line 6 of your Child Tax Credit Worksheet (see the Instructions for Form 1040A, line 33).<br><b>1040NR filers:</b> Enter the amount from line 6 of your Child Tax Credit Worksheet (see the Instructions for Form 1040NR, line 47).<br><br>If you used Pub 972, enter the amount from line 8 of the worksheet on page 4 of the publication. |           | <b>1</b> | 3,000.  |
| <b>2</b>  | Enter the amount from Form 1040, line 51, Form 1040A, line 33, or Form 1040NR, line 47   |           | <b>2</b> | 0.      |
| <b>3</b>  | Subtract line 2 from line 1. If zero, <b>stop</b> ; you cannot take this credit  |           | <b>3</b> | 3,000.  |
| <b>4a</b> | Earned income (see instructions)   | <b>4a</b> |          | 18,747. |
| <b>b</b>  | Nontaxable combat pay (see instructions)   | <b>4b</b> |          |         |
| <b>5</b>  | Is the amount on line 4a more than \$3,000?<br><input type="checkbox"/> <b>No.</b> Leave line 5 blank and enter -0- on line 6.<br><input checked="" type="checkbox"/> <b>Yes.</b> Subtract \$3,000 from the amount on line 4a. Enter the result  | <b>5</b>  |          | 15,747. |
| <b>6</b>  | Multiply the amount on line 5 by 15% (.15) and enter the result<br><b>Next.</b> Do you have three or more qualifying children?<br><input type="checkbox"/> <b>No.</b> If line 6 is zero, <b>stop</b> ; you cannot take this credit. Otherwise, skip Part II and enter the <b>smaller</b> of line 3 or line 6 on line 13.<br><input checked="" type="checkbox"/> <b>Yes.</b> If line 6 is equal to or more than line 3, skip Part II and enter the amount from line 3 on line 13. Otherwise, go to line 7.                    | <b>6</b>  |          | 2,362.  |

**Part II Certain Filers Who Have Three or More Qualifying Children**

|           |   |           |  |        |
|-----------|---|-----------|--|--------|
| <b>7</b>  | Withheld social security and Medicare taxes from Form(s) W-2, boxes 4 and 6. If married filing jointly, include your spouse's amounts with yours. If you worked for a railroad, see the instructions  | <b>7</b>  |  | 1,143. |
| <b>8</b>  | <b>1040 filers:</b> Enter the total of the amounts from Form 1040, lines 27 and 57, plus any taxes that you identified using code 'UT' and entered on the dotted line next to line 60.<br><b>1040A filers:</b> Enter -0-.<br><b>1040NR filers:</b> Enter the total of the amounts from Form 1040NR, line 53, plus any taxes that you identified using code 'UT' and entered on the dotted line next to line 57. | <b>8</b>  |  | 290.   |
| <b>9</b>  | Add lines 7 and 8   | <b>9</b>  |  | 1,433. |
| <b>10</b> | <b>1040 filers:</b> Enter the total of the amounts from Form 1040, lines 64a and 69.<br><b>1040A filers:</b> Enter the total of the amount from Form 1040A, line 41a, plus any excess social security and tier 1 RRTA taxes withheld that you entered to the left of line 44 (see instructions).<br><b>1040NR filers:</b> Enter the amount from Form 1040NR, line 63.   | <b>10</b> |  | 5,657. |
| <b>11</b> | Subtract line 10 from line 9. If zero or less, enter -0-  | <b>11</b> |  | 0.     |
| <b>12</b> | Enter the <b>larger</b> of line 6 or line 11<br><b>Next,</b> enter the <b>smaller</b> of line 3 or line 12 on line 13.  | <b>12</b> |  | 2,362. |

**Part III Additional Child Tax Credit**

|           |  |           |  |        |
|-----------|--|-----------|--|--------|
| <b>13</b> | This is your additional child tax credit | <b>13</b> |  | 2,362. |
|-----------|--|-----------|--|--------|

Enter this amount on  
Form 1040, line 65, or  
Form 1040A, line 42, or  
Form 1040NR, line 61.



Form **8863**Department of the Treasury  
Internal Revenue Service (99)**Education Credits (American Opportunity, Hope, and  
Lifetime Learning Credits)**▶ See separate instructions to find out if you are eligible to take the credits.  
▶ Attach to Form 1040 or Form 1040A.

OMB No. 1545-0074

**2009**Attachment  
Sequence No. **50**

Name(s) shown on return

Brian Chandler &amp; Tiffany M Chandler, Cha

Your social security number

~~123-45-6789~~ 4987**Caution:** • You **cannot** take both an education credit and the tuition and fees deduction (see Form 8917) for the **same student** for the same year.**Part I American Opportunity Credit**

Use Part II if you are claiming the Hope credit for a student attending school in a Midwestern disaster area. If you use Part II, you cannot use Part I for any student.

**Caution:** You **cannot** take the American opportunity credit for more than **4** tax years for the **same student**.

| 1 | (a) Student's name<br>(as shown on page 1<br>of your tax return) | (b) Student's<br>social security<br>number (as shown<br>on page 1 of<br>your tax return) | (c) Qualified<br>expenses (see<br>instructions). <b>Do<br/>not</b> enter more<br>than \$4,000 for<br>each student. | (d) Subtract \$2,000<br>from the amount in<br>column (c). If zero<br>or less, enter -0- | (e) Multiply the<br>amount in column<br>(d) by 25% (.25) | (f) If column (d) is<br>zero, enter the<br>amount from<br>column (c). Other-<br>wise, add \$2,000 to<br>the amount in<br>column (e). |
|---|--|--|--|---|--|--|
|   | First name<br>Last name  |  |  |   |  |  |
|   | Tiffany M<br>Chandler Cha  | 172-58-1908  | 4,000.   | 2,000.  | 500.   | 2,500.   |
|   |  |  |  |   |  |  |
|   |  |  |  |   |  |  |

|   |   |   |        |
|---|---|---|--------|
| 2 | <b>Tentative American opportunity credit.</b> Add the amounts on line 1, column (f). Skip Part II if line 2 is more than zero. If you are taking the lifetime learning credit for a different student, go to Part III; otherwise, go to Part IV | 2 | 2,500. |
|---|---|---|--------|

**Part II Hope Credit**

Use this part if you are claiming the Hope credit for a student attending school in a Midwestern disaster area and elect to waive the computation method in Part I for all students.

**Caution:** You **cannot** take the Hope credit for more than **2** tax years for the **same student**.

| 3 | (a) Student's name<br>(as shown on page 1<br>of your tax return) | (b) Student's<br>social security<br>number (as shown<br>on page 1 of<br>your tax return) | (c) Qualified<br>expenses (see<br>instructions). <b>Do<br/>not</b> enter more<br>than \$2,400* for<br>each student. | (d) Enter the<br><b>smaller</b> of the<br>amount in<br>column (c) or<br>\$1,200** | (e) Add<br>column (c) and<br>column (d) | (f) Enter one-half<br>of the amount in<br>column (e) |
|---|--|--|---|---|---|--|
|   | First name<br>Last name  |  |   |   |   |  |
|   |  |  |   |   |   |  |
|   |  |  |   |   |   |  |
|   |  |  |   |   |   |  |
|   |  |  |   |   |   |  |

\*For each student who attended an eligible educational institution in a Midwestern disaster area, **do not** enter more than \$4,800.\*\*For each student who attended an eligible educational institution in a Midwestern disaster area, enter the **smaller** of the amount in column (c) or \$2,400.

|   |  |   |  |
|---|--|---|--|
| 4 | <b>Tentative Hope credit.</b> Add the amounts on line 3, column (f). If you are taking the lifetime learning credit for a different student, go to Part III; otherwise, go to Part V | 4 |  |
|---|--|---|--|

**Part III Lifetime Learning Credit. Caution:** You **cannot** take the American opportunity credit or the Hope credit and the lifetime learning credit for the **same student** in the same year.

| 5  | (a) Student's name (as shown on page 1 of your tax return)   | (b) Student's social<br>security number (as<br>shown on page 1 of<br>your tax return) | (c) Qualified<br>expenses<br>(see instructions) |
|----|--|---|---|
|    | First name<br>Last name  |   |   |
|    |  |   |   |
|    |  |   |   |
| 6  | Add the amounts on line 5, column (c), and enter the total   |   | 6   |
| 7a | Enter the <b>smaller</b> of line 6 or \$10,000   |   | 7a  |
| b  | For students who attended an eligible educational institution in a Midwestern disaster area, enter the <b>smaller</b> of \$10,000 or their qualified expenses included on line 6 (see special rules in the instructions) |   | 7b  |
| c  | Subtract line 7b from line 7a  |   | 7c  |
| 8a | Multiply line 7b by 40% (.40)  |   | 8a  |
| b  | Multiply line 7c by 20% (.20)  |   | 8b  |
| c  | <b>Tentative lifetime learning credit.</b> Add lines 8a and 8b. If you have an entry on line 2, go to Part IV; otherwise go to Part V  |   | 8c  |



**Part IV Refundable American Opportunity Credit**

|    |  |    |          |
|----|--|----|----------|
| 9  | Enter the amount from line 2   | 9  | 2,500.   |
| 10 | Enter: \$180,000 if married filing jointly; \$90,000 if single, head of household, or qualifying widow(er)   | 10 | 180,000. |
| 11 | Enter the amount from Form 1040, line 38,* or Form 1040A, line 22  | 11 | 18,747.  |
| 12 | Subtract line 11 from line 10. If zero or less, <b>stop</b> ; you cannot take any education credit   | 12 | 161,253. |
| 13 | Enter: \$20,000 if married filing jointly; \$10,000 if single, head of household, or qualifying widow(er)  | 13 | 20,000.  |
| 14 | If line 12 is: <ul style="list-style-type: none"> <li>Equal to or more than line 13, enter 1.000 on line 14</li> <li>Less than line 13, divide line 12 by line 13. Enter the result as a decimal (rounded to at least three places)</li> </ul>   | 14 | 1.000    |
| 15 | Multiply line 9 by line 14. <b>Caution:</b> If you were under age 24 at the end of the year <b>and</b> meet the conditions in the instructions, you <b>cannot</b> take the refundable American opportunity credit. Skip line 16, enter the amount from line 15 on line 17, and check this box <input type="checkbox"/> | 15 | 2,500.   |
| 16 | <b>Refundable American opportunity credit.</b> Multiply line 15 by 40% (.40). Enter the amount here and on Form 1040, line 66, or Form 1040A, line 43. Then go to line 17 below  | 16 | 1,000.   |

**Part V Nonrefundable Education Credits**

|    |  |    |        |
|----|--|----|--------|
| 17 | Subtract line 16 from line 15  | 17 | 1,500. |
| 18 | Add line 4 and line 8c. If you have no entry on these lines, skip lines 19 through 24, and enter the amount from line 17 on line 25  | 18 |        |
| 19 | Enter: \$120,000 if married filing jointly; \$60,000 if single, head of household, or qualifying widow(er)   | 19 |        |
| 20 | Enter the amount from Form 1040, line 38*, or Form 1040A, line 22  | 20 |        |
| 21 | Subtract line 20 from line 19. If zero or less, skip lines 22 and 23, and enter zero on line 24  | 21 |        |
| 22 | Enter: \$20,000 if married filing jointly; \$10,000 if single, head of household, or qualifying widow(er)  | 22 |        |
| 23 | If line 21 is: <ul style="list-style-type: none"> <li>Equal to or more than line 22, enter the amount from line 18 on line 24 and go to line 25</li> <li>Less than line 22, divide line 21 by line 22. Enter the result as a decimal (rounded to at least three places)</li> </ul> | 23 |        |
| 24 | Multiply line 18 by line 23  | 24 |        |
| 25 | Add line 17 and line 24. If zero, <b>stop</b> ; you <b>cannot</b> take any nonrefundable education credit  | 25 | 1,500. |
| 26 | Enter the amount from Form 1040, line 46, or Form 1040A, line 28   | 26 | 0.     |
| 27 | Enter the total, if any, of your credits from: <ul style="list-style-type: none"> <li>Form 1040, lines 47, 48, and the amount from Schedule R entered on line 53</li> <li>Form 1040A, lines 29 and 30</li> </ul>   | 27 |        |
| 28 | Subtract line 27 from line 26. If zero or less, <b>stop</b> ; you <b>cannot</b> take any nonrefundable education credit  | 28 | 0.     |
| 29 | <b>Nonrefundable education credits.</b> Enter the <b>smaller</b> of line 25 or line 28 here and on Form 1040, line 49, or Form 1040A, line 31  | 29 |        |

\* If you are filing Form 2555, 2555-EZ, or 4563, or you are excluding income from Puerto Rico, see Pub 970 for the amount to enter.

Form **4562**Department of the Treasury  
Internal Revenue Service (99)**Depreciation and Amortization**  
(Including Information on Listed Property)

▶ See separate instructions. ▶ Attach to your tax return.

OMB No. 1545-0172

**2009**Attachment  
Sequence No. **67**

Name(s) shown on return

Brian Chandler &amp; Tiffany M Chandler, Cha

Identifying number

15-4987

Business or activity to which this form relates

Sch C Streets Automotive

**Part I Election To Expense Certain Property Under Section 179**

Note: If you have any listed property, complete Part V before you complete Part I.

|    |   |                              |                  |
|----|---|------------------------------|------------------|
| 1  | Maximum amount. See the instructions for a higher limit for certain businesses  | 1                            | \$250,000.       |
| 2  | Total cost of section 179 property placed in service (see instructions)   | 2                            | 4,238.           |
| 3  | Threshold cost of section 179 property before reduction in limitation (see instructions)  | 3                            | \$800,000.       |
| 4  | Reduction in limitation. Subtract line 3 from line 2. If zero or less, enter -0-  | 4                            | 0.               |
| 5  | Dollar limitation for tax year. Subtract line 4 from line 1. If zero or less, enter -0-. If married filing separately, see instructions | 5                            | 250,000.         |
| 6  | (a) Description of property   | (b) Cost (business use only) | (c) Elected cost |
|    | Tools   | 4,051.                       | 4,051.           |
| 7  | Listed property. Enter the amount from line 29  | 7                            |                  |
| 8  | Total elected cost of section 179 property. Add amounts in column (c), lines 6 and 7  | 8                            | 4,051.           |
| 9  | Tentative deduction. Enter the smaller of line 5 or line 8  | 9                            | 4,051.           |
| 10 | Carryover of disallowed deduction from line 13 of your 2008 Form 4562   | 10                           |                  |
| 11 | Business income limitation. Enter the smaller of business income (not less than zero) or line 5 (see instrs)                            | 11                           | 23,088.          |
| 12 | Section 179 expense deduction. Add lines 9 and 10, but do not enter more than line 11   | 12                           | 4,051.           |
| 13 | Carryover of disallowed deduction to 2010. Add lines 9 and 10, less line 12   | 13                           | 0.               |

Note: Do not use Part II or Part III below for listed property. Instead, use Part V.

**Part II Special Depreciation Allowance and Other Depreciation (Do not include listed property.)** (See instructions.)

|    |   |    |  |
|----|---|----|--|
| 14 | Special depreciation allowance for qualified property (other than listed property) placed in service during the tax year (see instructions) | 14 |  |
| 15 | Property subject to section 168(f)(1) election  | 15 |  |
| 16 | Other depreciation (including ACRS)   | 16 |  |

**Part III MACRS Depreciation (Do not include listed property.)** (See instructions.)**Section A**

|    |   |    |  |
|----|---|----|--|
| 17 | MACRS deductions for assets placed in service in tax years beginning before 2009  | 17 |  |
| 18 | If you are electing to group any assets placed in service during the tax year into one or more general asset accounts, check here |    |  |

**Section B — Assets Placed in Service During 2009 Tax Year Using the General Depreciation System**

| (a)<br>Classification of property | (b) Month and year placed in service | (c) Basis for depreciation (business/investment use only — see instructions) | (d) Recovery period | (e) Convention | (f) Method | (g) Depreciation deduction |
|-----------------------------------|--------------------------------------|--|---------------------|----------------|------------|----------------------------|
| 19a 3-year property               |                                      |  |                     |                |            |                            |
| b 5-year property                 |                                      |  |                     |                |            |                            |
| c 7-year property                 |                                      |  |                     |                |            |                            |
| d 10-year property                |                                      |  |                     |                |            |                            |
| e 15-year property                |                                      |  |                     |                |            |                            |
| f 20-year property                |                                      |  |                     |                |            |                            |
| g 25-year property                |                                      |  | 25 yrs              |                | S/L        |                            |
| h Residential rental property     |                                      |  | 27.5 yrs            | MM             | S/L        |                            |
| i Nonresidential real property    | 10/09                                | 1,000.   | 39 yrs              | MM             | S/L        | 5.                         |

**Section C — Assets Placed in Service During 2009 Tax Year Using the Alternative Depreciation System**

|                |  |  |        |     |     |
|----------------|--|--|--------|-----|-----|
| 20a Class life |  |  |        | S/L |     |
| b 12-year      |  |  | 12 yrs | S/L |     |
| c 40-year      |  |  | 40 yrs | MM  | S/L |

**Part IV Summary** (See instructions.)

|    |  |    |        |
|----|--|----|--------|
| 21 | Listed property. Enter amount from line 28   | 21 | 7.     |
| 22 | Total. Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21. Enter here and on the appropriate lines of your return. Partnerships and S corporations — see instructions | 22 | 4,063. |
| 23 | For assets shown above and placed in service during the current year, enter the portion of the basis attributable to section 263A costs  | 23 |        |

**Part V Listed Property** (Include automobiles, certain other vehicles, cellular telephones, certain computers, and property used for entertainment, recreation, or amusement.)

**Note:** For any vehicle for which you are using the standard mileage rate or deducting lease expense, complete **only** 24a, 24b, columns (a) through (c) of Section A, all of Section B, and Section C if applicable.

**Section A – Depreciation and Other Information** (Caution: See the instructions for limits for passenger automobiles.)

| 24a Do you have evidence to support the business/investment use claimed? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No  |                               |   |                            |  |                        |                          |                               |                                 | 24b If 'Yes,' is the evidence written? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |  |
|---|-------------------------------|---|----------------------------|--|------------------------|--------------------------|-------------------------------|---------------------------------|--|--|
| (a)<br>Type of property (list vehicles first)   | (b)<br>Date placed in service | (c)<br>Business/investment use percentage | (d)<br>Cost or other basis | (e)<br>Basis for depreciation (business/investment use only) | (f)<br>Recovery period | (g)<br>Method/Convention | (h)<br>Depreciation deduction | (i)<br>Elected section 179 cost |  |  |
| 25 Special depreciation allowance for qualified listed property placed in service during the tax year and used more than 50% in a qualified business use (see instructions) <span style="float:right">25</span> |                               |   |                            |  |                        |                          |                               |                                 |  |  |
| 26 Property used more than 50% in a qualified business use:   |                               |   |                            |  |                        |                          |                               |                                 |  |  |
| Telephone   | 12/14/09                      | 100.00                                    | 187.                       | 187.   | 7.00                   | 200 DB-MQ                | 7.                            |                                 |  |  |
| 27 Property used 50% or less in a qualified business use:   |                               |   |                            |  |                        |                          |                               |                                 |  |  |
| 28 Add amounts in column (h), lines 25 through 27. Enter here and on line 21, page 1 <span style="float:right">28</span>  |                               |   |                            |  |                        |                          |                               |                                 |  |  |
| 29 Add amounts in column (i), line 26. Enter here and on line 7, page 1 <span style="float:right">29</span>   |                               |   |                            |  |                        |                          |                               |                                 |  |  |

**Section B – Information on Use of Vehicles**

Complete this section for vehicles used by a sole proprietor, partner, or other 'more than 5% owner,' or related person. If you provided vehicles to your employees, first answer the questions in Section C to see if you meet an exception to completing this section for those vehicles.

|  | (a)<br>Vehicle 1 |    | (b)<br>Vehicle 2 |    | (c)<br>Vehicle 3 |    | (d)<br>Vehicle 4 |    | (e)<br>Vehicle 5 |    | (f)<br>Vehicle 6 |    |
|--|------------------|----|------------------|----|------------------|----|------------------|----|------------------|----|------------------|----|
| 30 Total business/investment miles driven during the year (do not include commuting miles) ..... |                  |    |                  |    |                  |    |                  |    |                  |    |                  |    |
| 31 Total commuting miles driven during the year .....  |                  |    |                  |    |                  |    |                  |    |                  |    |                  |    |
| 32 Total other personal (noncommuting) miles driven .....  |                  |    |                  |    |                  |    |                  |    |                  |    |                  |    |
| 33 Total miles driven during the year. Add lines 30 through 32 .....                             |                  |    |                  |    |                  |    |                  |    |                  |    |                  |    |
|  | Yes              | No | Yes              | No | Yes              | No | Yes              | No | Yes              | No | Yes              | No |
| 34 Was the vehicle available for personal use during off-duty hours? .....                       |                  |    |                  |    |                  |    |                  |    |                  |    |                  |    |
| 35 Was the vehicle used primarily by a more than 5% owner or related person? .....               |                  |    |                  |    |                  |    |                  |    |                  |    |                  |    |
| 36 Is another vehicle available for personal use? .....  |                  |    |                  |    |                  |    |                  |    |                  |    |                  |    |

**Section C – Questions for Employers Who Provide Vehicles for Use by Their Employees**

Answer these questions to determine if you meet an exception to completing Section B for vehicles used by employees who are not more than 5% owners or related persons (see instructions).

|   |     |    |
|---|-----|----|
| 37 Do you maintain a written policy statement that prohibits all personal use of vehicles, including commuting, by your employees? .....  | Yes | No |
| 38 Do you maintain a written policy statement that prohibits personal use of vehicles, except commuting, by your employees? See the instructions for vehicles used by corporate officers, directors, or 1% or more owners ..... |     |    |
| 39 Do you treat all use of vehicles by employees as personal use? .....   |     |    |
| 40 Do you provide more than five vehicles to your employees, obtain information from your employees about the use of the vehicles, and retain the information received? .....   |     |    |
| 41 Do you meet the requirements concerning qualified automobile demonstration use? (See instructions.) .....  |     |    |

**Note:** If your answer to 37, 38, 39, 40, or 41 is 'Yes,' do not complete Section B for the covered vehicles.

**Part VI Amortization**

| (a)<br>Description of costs  | (b)<br>Date amortization begins | (c)<br>Amortizable amount | (d)<br>Code section | (e)<br>Amortization period or percentage | (f)<br>Amortization for this year |
|--|---------------------------------|---------------------------|---------------------|--|-----------------------------------|
| 42 Amortization of costs that begins during your 2009 tax year (see instructions):                                       |                                 |                           |                     |  |                                   |
| 43 Amortization of costs that began before your 2009 tax year <span style="float:right">43</span>                        |                                 |                           |                     |  |                                   |
| 44 <b>Total.</b> Add amounts in column (f). See the instructions for where to report <span style="float:right">44</span> |                                 |                           |                     |  |                                   |

**SCHEDULE M**  
**(Form 1040A or 1040)**

Department of the Treasury  
Internal Revenue Service (99)

**Making Work Pay and Government  
Retiree Credits**

► **Attach to Form 1040A, 1040, or 1040NR.**

► **See separate instructions.**

OMB No. 1545-0074

**2009**

Attachment  
Sequence No. **166**

Name(s) shown on return

Your social security number

Brian Chandler & Tiffany M Chandler, Cha

~~12-3456~~-4987

**1a Important:** See the instructions if you can be claimed as someone else's dependent or are filing Form 1040NR. Check the 'No' box below and see the instructions if (a) you have a net loss from a business, (b) you received a taxable scholarship or fellowship grant not reported on a Form W-2, (c) your wages include pay for work performed while an inmate in a penal institution, (d) you received a pension or annuity from a nonqualified deferred compensation plan or a nongovernmental section 457 plan, or (e) you are filing Form 2555 or 2555-EZ.

Do you (and your spouse if filing jointly) have 2009 wages of more than \$6,451 (\$12,903 if married filing jointly)?

☒ **Yes.** Skip lines 1a through 3. Enter \$400 (\$800 if married filing jointly) on line 4 and go to line 5.

☐ **No.** Enter your earned income (see instructions) ..... **1a**

**b** Nontaxable combat pay included on line 1a  
(see instructions) ..... **1b**

**2** Multiply line 1a by 6.2% (.062) ..... **2**

**3** Enter \$400 (\$800) if married filing jointly) ..... **3**

**4** Enter the **smaller** of line 2 or line 3 (unless you checked 'Yes' on line 1a) ..... **4** 800.

**5** Enter the amount from Form 1040, line 38\*, or Form 1040A, line 22 ..... **5** 18,747.

**6** Enter \$75,000 (\$150,000 if married filing jointly) ..... **6** 150,000.

**7** Is the amount on line 5 more than the amount on line 6?

☒ **No.** Skip line 8. Enter the amount from line 4 on line 9 below.

☐ **Yes.** Subtract line 6 from line 5 ..... **7**

**8** Multiply line 7 by 2% (.02) ..... **8**

**9** Subtract line 8 from line 4. If zero or less, enter -0- ..... **9** 800.

**10** Did you (or your spouse, if filing jointly) receive an economic recovery payment in 2009? You may have received this payment if you received social security benefits, supplemental security income, railroad retirement benefits, or veterans disability compensation or pension benefits (see instructions).

☐ **No.** Enter -0- on line 10 and go to line 11.

☒ **Yes.** Enter the total of the payments received by you (and your spouse, if filing jointly).  
Do not enter more than \$250 (\$500 if married filing jointly) ..... **10** 250.

**11** Did you (or your spouse, if filing jointly) receive a pension or annuity in 2009 for services performed as an employee of the U.S. Government or any U.S. state or local government from work **not** covered by social security? Do not include any pension or annuity reported on Form W-2.

☒ **No.** Enter -0- on line 11 and go to line 12.

☐ **Yes.** • If you checked 'No' on line 10, enter \$250 (\$500 if married filing jointly and the answer on line 11 is 'Yes' for both spouses)  
• If you checked 'Yes' on line 10, enter -0- (exception: enter \$250 if filing jointly and the spouse who received the pension or annuity did not receive an economic recovery payment described on line 10) ..... **11** 0.

**12** Add lines 10 and 11 ..... **12** 250.

**13** Subtract line 12 from line 9. If zero or less, enter -0- ..... **13** 550.

**14** **Making work pay and government retiree credits.** Add lines 11 and 13. Enter the result here and on Form 1040, line 63, Form 1040A, line 40; or Form 1040NR, line 60 ..... **14** 550.

\*If you are filing Form 2555, 2555-EZ, or 4563 or you are excluding income from Puerto Rico, see instructions.

**BAA For Paperwork Reduction Act Notice, see Form 1040A, 1040, or 1040NR instructions.**

Schedule M (Form 1040A or 1040) 2009

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Election Statement

**Election out of Qualified Economic Stimulus Property**

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**Election Out of Qualified Economic Stimulus Property**

Attach to your income tax return

Taxpayer hereby elects under IRC Section 168(k)(2)(D)(iii) out of having Qualified Economic Stimulus property for the following asset classes placed in service during the tax year ending:

12/31/2009

---

7 Year Property

---

|  |  |                                       |  |  |  |  |  |
|--|--|---------------------------------------|--|--|--|--|--|
| 22222  |  | Void <input type="checkbox"/>         |  | a Employee's social security number<br>1908  |  | OMB No. 1545-0008                        |  |
| Employer identification number (EIN)<br>20-2346566   |  |                                       |  | 1 Wages, tips, other compensation<br>2196.60   |  | 2 Federal income tax withheld<br>20.74   |  |
| Employer's name, address, and ZIP code<br>ION VALLEY MOBILE LAB, INC.<br>13 MARKET STREET<br>ELIZABETH, PA 15037 |  |                                       |  | 3 Social security wages<br>2196.60   |  | 4 Social security tax withheld<br>136.19 |  |
|  |  |                                       |  | 5 Medicare wages and tips<br>2196.60   |  | 6 Medicare tax withheld<br>31.85         |  |
|  |  |                                       |  | 7 Social security tips   |  | 8 Allocated tips                         |  |
|  |  |                                       |  | 9 Advance EIC payment  |  | 10 Dependent care benefits               |  |
| Employee's name, address, and ZIP code<br>TIFFANY CHANDLER<br>19 31ST<br>WICKESPORT, PA 15132                    |  |                                       |  | 11 Nonqualified plans  |  | 12a See instructions for box 12          |  |
|  |  |                                       |  | 13 Statutory employee Retirement plan Third-party sick pay<br><input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> |  | 12b                                      |  |
|  |  |                                       |  | 14 Other   |  | 12c                                      |  |
|  |  |                                       |  |  |  | 12d                                      |  |
| State Employer's state ID number<br>PA 9366 7326   |  | 16 State wages, tips, etc.<br>2196.60 |  | 17 State income tax<br>67.44   |  | 18 Local wages, tips, etc.               |  |
|  |  |                                       |  |  |  | 19 Local income tax                      |  |
|  |  |                                       |  |  |  | 20 Locality name                         |  |

**W-2 Wage and Tax Statement**

**2009**

Department of the Treasury—Internal Revenue Service

For Privacy Act and Paperwork Reduction Act Notice, see the back of Copy D.

Copy D - For Employer or  
Copy 1 - For State, City, or Local Tax Department



LW2ER

## Form W-2 Wage and Tax Statement 2009

|  |  |  |  |  |  |  |  |
|--|--|--|--|--|--|--|--|
| a Control number<br>0446-M321<br>000262-000100 |  | b Employer's identification number<br>25-1434455 |  | c Employee's name, address, and ZIP code<br>DURA BOND COATING INC<br>2658 PUCKETY DRIVE<br>EXPORT PA 15632 |  | Department of the Treasury - Internal Revenue Service<br>OMB No. 1545-0008 |  |
| 13 Statutory employee                          |  | 14 Other   |  | e Employee's name, address, and ZIP code<br>BRIAN CHANDLER<br>419 31ST<br>MCKEESPORT PA 15132              |  | 1 Wages, tips, other compensation<br>12737.80                              |  |
| 12 See Instrs. for Box 12                      |  | 14 Other<br>PASUI 7.85                           |  |  |  | 2 Federal income tax withheld<br>81.36                                     |  |
| 15 State<br>PA                                 |  | Employer's state ID No.<br>17215443              |  | 16 State wages, tips, etc.<br>12737.80   |  | 3 Social security wages<br>12737.80  |  |
|  |  |  |  | 17 State income tax<br>391.07  |  | 4 Social security tax withheld<br>789.74                                   |  |
|  |  |  |  |  |  | 5 Medicare wages and tips<br>12737.80                                      |  |
|  |  |  |  |  |  | 6 Medicare tax withheld<br>184.68  |  |
|  |  |  |  |  |  | 7 Social security tips   |  |
|  |  |  |  |  |  | 8 Allocated tips   |  |
|  |  |  |  |  |  | 9 Advance EIC payment  |  |
|  |  |  |  |  |  | 10 Dependent care benefits   |  |
|  |  |  |  |  |  | 11 Nonqualified plans  |  |

This information is being furnished to the Internal Revenue Service

Copy B, to be filed with employees' FEDERAL tax return

## Form W-2 Wage and Tax Statement 2009

|  |  |  |  |  |  |  |  |
|--|--|--|--|--|--|--|--|
| a Control number<br>0446-M321<br>000262-000100 |  | b Employer's identification number<br>25-1434455 |  | c Employee's name, address, and ZIP code<br>DURA BOND COATING INC<br>2658 PUCKETY DRIVE<br>EXPORT PA 15632 |  | Department of the Treasury - Internal Revenue Service<br>OMB No. 1545-0008 |  |
| 13 Statutory employee                          |  | 14 Other   |  | e Employee's name, address, and ZIP code<br>BRIAN CHANDLER<br>419 31ST<br>MCKEESPORT PA 15132              |  | 1 Wages, tips, other compensation<br>12737.80                              |  |
| 12 See Instrs. for Box 12                      |  | 14 Other<br>PASUI 7.85                           |  |  |  | 2 Federal income tax withheld<br>81.36                                     |  |
| 15 State<br>PA                                 |  | Employer's state ID No.<br>17215443              |  | 16 State wages, tips, etc.<br>12737.80   |  | 3 Social security wages<br>12737.80  |  |
|  |  |  |  | 17 State income tax<br>391.07  |  | 4 Social security tax withheld<br>789.74                                   |  |
|  |  |  |  |  |  | 5 Medicare wages and tips<br>12737.80                                      |  |
|  |  |  |  |  |  | 6 Medicare tax withheld<br>184.68  |  |
|  |  |  |  |  |  | 7 Social security tips   |  |
|  |  |  |  |  |  | 8 Allocated tips   |  |
|  |  |  |  |  |  | 9 Advance EIC payment  |  |
|  |  |  |  |  |  | 10 Dependent care benefits   |  |
|  |  |  |  |  |  | 11 Nonqualified plans  |  |

This information is being furnished to the Internal Revenue Service